

# Best Practices Licensing Manual for Family and Group Child Care Homes

Manitoba Early Learning and Child Care





# **Best Practices Licensing Manual for Family and Group Child Care Homes**

Manitoba Early Learning and Child Care

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# Introduction

# ABOUT MANITOBA EARLY LEARNING AND CHILD CARE

Manitoba Early Learning and Child Care is part of Manitoba Family Services and Labour. It oversees the operation of all licensed early learning and child care facilities for children aged three months to 12 years across the province. Manitoba Early Learning and Child Care:

- licenses and monitors standards in centres and homes under *The Community Child Care Standards Act*
- provides support and resources that help child care providers improve program quality and work towards best practices
- subsidizes child care fees (for eligible families) at licensed child care facilities
- provides orientations on subsidies and inclusion support to service providers
- provides orientation for boards of directors
- provides operating grants and financial consultation to eligible facilities
- provides funding for retirement supports, including RRSP contribution reimbursement and a lump-sum retirement benefit
- classifies all early childhood educators and child care assistants who work in licensed facilities
- provides competency-based training for child care assistants and family child care providers
- provides annual training grants for child care assistants, early childhood educator IIs and family child care providers
- supports inclusion of children who need additional support to attend licensed early learning and child care facilities (Inclusion Support Program)
- provides assistance and information about early learning and child care services through the Child Care Information Services line at **204-945-0776** in Winnipeg; toll free at **1-888-213-4754**
- provides online services and resources through the Child Care Online website at **[www.manitoba.ca/childcare](http://www.manitoba.ca/childcare)**
- supports groups and individuals interested in setting up a centre or family child care home

Manitoba Family Services and Labour assigns a child care co-ordinator and subsidy advisor to work with each licensed child care facility.





# USING AND UPDATING THIS MANUAL

This licensing manual:

- explains specific regulations and how to meet the minimum requirements
- explains additional requirements for family and group child care providers
- provides the most current information on improving program quality and ensuring quality standards by using best practices
- outlines procedures and ongoing responsibilities for licensing

## Key Features in the Manual

Each section of this manual explains:

- a regulation or section of the legislation stating the requirements family and group child care providers must follow
- guidelines and clarification of the regulation or policy
- best practices to help providers improve care

### Regulations/Legislation

x(x) The shaded box gives the section number and details of the relevant part of *The Community Child Care Standards Act* or the child care regulation.

These are the minimum requirements that care providers must meet under the law.

## Guidelines

The guidelines help clarify the section of the regulation or act, and may outline additional requirements. Guidelines help the provider to understand the intent of specific regulations and describe how to meet the minimum requirements.

## Best Practices

Best practices provide well-researched ways to help providers improve the quality of child care. Providers are encouraged to use them whenever possible.

Boxes with additional information are found throughout the manual. They include:

### **Alert**

highlights areas where providers should use caution



### **Information**

gives more details about a topic or an important definition



### **Learn more**

links to resources and more information



## **Manual updates**

Sections of the child care regulations, guidelines and best practices will continue to be revised and updated, as necessary.

When Manitoba Early Learning and Child Care updates a section of this manual, a copy of the revised section will be sent to every licensed family and group child care provider in Manitoba.

It is the provider's responsibility to replace old sections of their manual with any updates they are sent.

See **Section A5 – History of Updates** for a list of these changes.

# YOUR CHILD CARE CO-ORDINATOR

A child care co-ordinator is assigned to each licensed child care home. Your co-ordinator:

- helps groups and individuals get a licence to run a family or group child care home (includes: providing information and co-ordinating required inspections, such as public health and fire)
- licenses and monitors your home
- provides information and resources on quality early learning and child care services
- visits your home several times each year to observe, evaluate and consult
- provides you with comment sheets / checklists after each visit
- interprets child care regulations and policies
- consults on early learning and child care operations (ex: behaviour management, room arrangements, program development)
- participates in intake and review meetings for children with additional support needs



# DEFINITIONS OF TERMS

These terms are used in provincial child care legislation, Manitoba Regulations 62/86 and 20/2011, and throughout this manual:

TERM	DEFINITIONS
act	<i>The Community Child Care Standards Act</i>
billing period	a four-week period set by the director of Manitoba Early Learning and Child Care under Part F of the regulation: financial assistance
child care assistant	someone with a child care assistant certificate issued by Manitoba Early Learning and Child Care; a child care assistant does not have the education needed to be an early childhood educator II or early childhood educator III
child with additional support needs	a child who has been assessed by a qualified professional (acceptable to Manitoba Early Learning and Child Care):  (a) with one or more physical, cognitive, behavioural or emotional disabilities  (b) as a result of that disability, requires a facility to provide additional accommodation or support
code of conduct	rules of behaviour under Section 15.1 of the act
common-law partner	a person who lives with someone in a conjugal relationship without being legally married
director	the director of Manitoba Early Learning and Child Care

## TERM

## DEFINITIONS

early childhood educator II or  
ECE II

someone with an early childhood educator II certificate issued by Manitoba Early Learning and Child Care; the certificate can be issued if the person:

- (a) has a diploma from an educational institution in a child care program approved by Manitoba Advanced Education and Literacy, or
- (b) has completed an educational program approved by the director of Manitoba Early Learning and Child Care that is equivalent to the diploma program referred to in (a), or
- (c) has successfully completed a competency assessment program approved by the director of Manitoba Early Learning and Child Care, or
- (d) holds a certificate, registration, licence, or another form of official recognition issued by a regulatory authority in another Canadian jurisdiction for substantially the same occupation and is in good standing with that issuing regulatory authority.

early childhood educator III or  
ECE III

someone with an early childhood educator III certificate issued by Manitoba Early Learning and Child Care; the certificate can be issued if the person:

- (a) has a degree from an educational institution in a child care program approved by Manitoba Advanced Education and Literacy or equivalent, or
- (b) has a diploma in a child care program approved by Manitoba Advanced Education and Literacy; and a certificate from an educational institution, specializing in child care, approved by Manitoba Advanced Education and Literacy, or
- (c) has completed a competency assessment program approved by the director of Manitoba Early Learning and Child Care and has a certificate from an educational institution, specializing in child care, approved by Manitoba Advanced Education and Literacy, or

TERM	DEFINITIONS
	(d) holds a certificate, registration, licence, or another form of official recognition issued by a regulatory authority in another Canadian jurisdiction for substantially the same occupation and is in good standing with that issuing regulatory authority.
family child care home	a home licensed by Manitoba Early Learning and Child Care where child care is provided to not more than eight children of whom not more than five are preschool age children and not more than three are infants (maximum number includes provider's own children under 12)
fire authority	the authority that oversees the <i>Manitoba Fire Code</i> in the child care facility's area, and acts on behalf of the provincial fire commissioner
group child care home	a home licensed by Manitoba Early Learning and Child Care where child care is provided to more than eight, but not more than 12 children of whom no more than three are infants (maximum number includes provider's own children under 12)
guardian	<p>(a) a person who has:</p> <ul style="list-style-type: none"> <li>(i) been appointed guardian of a child by a court</li> <li>(ii) legal custody of a child</li> </ul> <p>(b) spouse or common-law partner of the person referred to in (a)</p> <p>Note: in this manual, "parent(s)" include both parents and guardians</p>
health authority	anyone authorized to enforce <i>The Public Health Act</i> , regulations, statutes or municipal bylaws
infant	a child under two years old
licensee	a person licensed to provide child care in a family child care home or group child care home
net annual income	total earnings of the person applying for a subsidy (including the spouse's or common-law partner's income from employment and other income) less deductions allowed by the director of Manitoba Early Learning and Child Care
overnight care	care provided in a family or group child care home between 8:00 p.m. on one day and 6:00 a.m. on the following day

TERM	DEFINITIONS
parent	<p>(a) biological or adoptive parent who has legal custody of a child</p> <p>(b) spouse or common-law partner of the person referred to in (a)</p> <p>Note: in this manual, “parent(s)” include both parents and guardians</p>
preschool age child	any child who is not enrolled in grade one to grade six in a school, including infants
prior contact check	a person’s record, obtained from an agency under <i>The Child and Family Services Act</i> , to determine if the person has been the subject of a child protection investigation
private home child care	child care provided (either alone or combined with parental care) at any time in the care provider’s home to not more than four children of whom not more than two are under two years old (maximum number includes provider’s own children under 12)
safety plan	a written plan under Section 15.1 of the act
school age child	<p>(a) a child enrolled in grade one to grade six in a school</p> <p>(b) a preschool age child enrolled in a full-day kindergarten (if the director of Manitoba Early Learning and Child Care approves the designation under this regulation) upon the joint written request of the parent or guardian and the licensee</p> <p>(c) a preschool age child enrolled in a part-day kindergarten who is six years old (if the director of Manitoba Early Learning and Child Care approves the designation under this regulation) upon the joint written request of the parent or guardian and the licensee</p>



# HISTORY OF UPDATES

When Manitoba Early Learning and Child Care updates a section of this manual, a copy of the update will be sent to every licensed family and group child care provider in Manitoba. The provider is responsible for replacing the old section of their manual with the update they are sent.

With every update, this section of the manual will also be revised.

Date	Sections Updated
*April 2013	Best Practices Licensing Manual for Family and Group Child Care Homes released

If you have questions about whether your manual is up to date, contact your child care co-ordinator.





Licensing

# TYPES OF LICENCES AND LICENSING ORDERS

A family or group child care home must be licensed every year. The facility must be assessed by a child care co-ordinator to be licensed and the licence must be posted in a prominent place in the child care home.

## **Regular licence**

A regular licence is issued for up to one year. It indicates that the home meets government requirements. It also states the maximum number and ages of children who are in care at one time.

## **Provisional licence**

A provisional licence states that there are some areas that do not meet the required standards, and lists them. This licence usually covers a short time to allow the licensee to meet the requirements. Once these are met, the child care home is eligible for a regular licence.

## **Licensing order**

A licensing order may be issued by the director of Manitoba Early Learning and Child Care when there are serious or repeated violations of the government requirements. It is issued when the safety or well-being of the children is at risk. It requires specific changes to bring the facility up to standards.

A licensing order must be posted in the home and states the child care co-ordinator's name and phone number. Upon request, the co-ordinator will provide additional information about the licensing violations.

The licensing order in its entirety (legal name and address of the family or group child care home) will be posted on the MELCC website and will remain online for as long as the provider is licensed and operating.

If the requirements and deadlines stated in the order are not met, the licensee could have the licence suspended or revoked.



# LICENCE APPLICATION

## Regulations

- 22(1) An application for a licence to provide or offer child care in a family child care home shall include the following:
- (a) two personal references commenting upon the applicant's ability to care for children;
  - (b) a safety inspection report with respect to the applicant's home indicating compliance with acceptable standards for fire, health and general safety precautions, to be prepared by a person or persons authorized by the director;
  - (b.1) a copy of the code of conduct and safety plan;
  - (c) where requested by the director, evidence that the applicant is an adult;
  - (d) a personal assessment of the applicant completed by a person or persons authorized by the director, and, where requested by the director, a written commitment to participate in continuing education in any of the competency areas set out in the guidelines provided by the director;
  - (e) written authorization from the applicant granting the director access to information
    - (i) about the person's criminal record, including any outstanding charges for any offences under federal, provincial or territorial legislation,
    - (i.1) about any pardon granted or issued for an offence listed on the Schedule to the *Criminal Records Act* (Canada),
    - (ii) about the applicant, and any of his or her children over 11 years of age who reside in the applicant's home, obtained from the child abuse registry established under *The Child and Family Services Act*, and
    - (iii) about the applicant, and any of the applicant's children over 11 years of age who reside with the applicant, from a prior contact check obtained in accordance with subsection (2);
  - (e.1) written authorization from any adult person who resides in the applicant's home granting the director access to information
    - (i) about the person's criminal record, including any outstanding charges for any offences under federal, provincial or territorial legislation,
    - (i.1) about any pardon granted or issued for an offence listed on the Schedule to the *Criminal Records Act* (Canada),
    - (ii) about the person obtained from the child abuse registry established under *The Child and Family Services Act*, and
    - (iii) about the person from a prior contact check obtained in accordance with subsection (2);
  - (f) copies of the following policies which must be consistent with any regulations and acceptable to the director:
    - (i) the behaviour management policy,

- (ii) the inclusion policy with respect to children with additional support needs,
- (iii) the admission and discharge policies,
- (iv) the transportation policy;
- (f.1) copies of all policies that the applicant proposes to give to a child's parent or guardian on enrolment of the child;
- (g) subject to subsection (3), evidence that the applicant has, within eight years before the date of application, successfully completed 40 hours of course work that
  - (i) in the opinion of the director, is relevant to early childhood education or family child care; and
  - (ii) is offered by a publicly funded post-secondary institution, or other institution or body, approved by the director.

## Guidelines

These regulations must be met as part of the licensing process. Subsections (a) and (c) are explained below. For details on subsections (b), (d), (e), (f), (g), see the sections noted individually.

### **22(1)(a) - Personal References**

Personal reference forms are provided during the application process. References should be sought from people who know about your ability to care for children. A person providing a reference cannot be related to the applicant.

### **22(1)(b) - Safety Inspection Report**

More information about safety inspection reports is available in **Section B3**.

### **22(1)(b.1) - Code of Conduct and Safety Plan**

More information about codes of conduct is available in **Section F3**. More information about safety plans is available in **Section I1**.

### **22(1)(c) - Age of Majority**

The applicant must be 18 years of age or older.

### **22(1)(d) - Personal Assessment**

More information about personal assessments is available in **Section C1**.

### **22(1)(e), (e.1) - Investigation Authorizations**

More information about investigation authorizations is available in **Section B4**.

### **22(1)(f), (f.1) - Policies**

More information about child care policies is available in **Section D1**.

### **22(1)(f)(ii) - Inclusion**

More information about inclusion is available in **Sections D1 and G2**.

### **22(1)(g) - Training**

More information about child care training is available in **Section C2**.

# SAFETY INSPECTION REPORT

## Regulations

- 22(1) An application for a licence to provide or offer child care in a family child care home shall include the following:
- (b) a safety inspection report with respect to the applicant's home indicating compliance with acceptable standards for fire, health and general safety precautions, to be prepared by a person or persons authorized by the director;

## Guidelines

Safety inspections are done by the child care co-ordinator to verify that:

- radiators, hot water pipes and fireplaces are not accessible to children
- hot tubs are locked and not accessible to children
- the furnace is in a separate and locked area, and is not accessible to children
- smoke alarms are installed on each level of the home and are in working order
- carbon monoxide detector is installed and is in working order
- knives, scissors and other sharp instruments are kept out of children's reach
- halls and stairways are well lit and free of objects
- exits and stairways are secured
- water temperature for taps used by children is set at a safe level
- general housekeeping is acceptable
- safety locks and screens are on windows
- cords from blinds and drapes are not accessible to children
- rugs are firmly secured
- locks on the main entrance door and all other exit doors are easy to open in an emergency

### Important

The *Manitoba Fire Code* states exit doors must be easy to open from the inside without a key or other device.





Heating equipment, fireplaces, wood stoves and wood-burning furnaces must be serviced and cleaned annually. Both must be done by a qualified person who must provide the applicant with verification in print.

If the home has a wood stove, wood-burning furnace, fuel-burning furnace or fireplace, the applicant must provide written confirmation that the device has been installed and maintained according to the manufacturer's specifications.

Family and group child care is not allowed in mobile homes, unless approved by the local fire authority.

Napping or sleeping in the basement of a provider's home is not allowed unless approved by the local fire authority. Applicants must notify the child care co-ordinator if they intend to use the basement for sleeping and the basement must be inspected by the local fire authority. Children must not nap or sleep in the basement until the applicant receives formal approval.

## Best Practices

Providers include the following in their general housekeeping:

- vacuuming carpets and cleaning floors daily
- shampooing / steam cleaning carpets regularly
- sanitizing kitchen and bathroom daily

All surfaces used by children are cleaned and sanitized throughout the day. Toys children put in their mouths are sanitized each time a child uses them. Other toys are sanitized weekly.

Cold-water faucets for drinking or cooking are flushed for 30 to 60 seconds every morning before use. Hot tap water is not used for cooking or making formula because metals can accumulate in water that sits in hot water tanks.

### Alert

Applicants should check their homeowner's insurance policy, because operating a business in their homes may invalidate their insurance.



# INVESTIGATION AUTHORIZATIONS

## Regulations

22(1) An application for a licence to provide or offer child care in a family child care home shall include the following:

- (e) written authorization from the applicant granting the director access to information
  - (i) about the person's criminal record, including any outstanding charges for any offences under federal, provincial or territorial legislation,
    - (i.1) about any pardon granted or issued for an offence listed on the Schedule to the *Criminal Records Act* (Canada),
  - (ii) about the applicant, and any of his or her children over 11 years of age who reside in the applicant's home, obtained from the child abuse registry established under *The Child and Family Services Act*, and
  - (iii) about the applicant, and any of the applicant's children over 11 years of age who reside with the applicant, from a prior contact check obtained in accordance with subsection (2);
- (e.1) written authorization from any adult person who resides in the applicant's home granting the director access to information
  - (i) about the person's criminal record, including any outstanding charges for any offences under federal, provincial or territorial legislation,
    - (i.1) about any pardon granted or issued for an offence listed on the Schedule to the *Criminal Records Act* (Canada),
  - (ii) about the person obtained from the child abuse registry established under *The Child and Family Services Act*, and
  - (iii) about the person from a prior contact check obtained in accordance with subsection (2);

22(2) The director shall make reasonable efforts to obtain the prior contact checks referred to in subclauses (1)(e)(iii) and (1)(e.1)(iii) from each agency for each area where the person has resided for the last five years, or for such longer period as the director considers reasonably necessary.

## Guidelines

The applicant and any other adult living in the home must complete the following three checks:

- criminal record check, including pardon granted or issued
- child abuse registry check
- prior contact check

Children 11 to 17 years old, who live in the home, must complete the following two checks:

- prior contact check
- child abuse registry check

All required checks must also be completed before any new resident moves into the licensed home.

The release form for the prior contact check gives Manitoba Early Learning and Child Care authority to contact the director of a Child and Family Services agency to find out if the individual has had prior contact with the agency.



A criminal record does not necessarily prevent someone from being licensed as a family child care provider. It depends on the offence.



The Manitoba Human Rights Commission and the Manitoba Child Care Association were consulted in developing policy on criminal record and child abuse registry checks. The commission recognizes there may be some convictions, including offenses that have been pardoned, that may reasonably keep someone from doing the job or put children at risk.

However, the commission emphasizes that decisions on employing staff must be based on job-related qualifications. It recommends the Investigation Authorization forms be completed after a job has been offered, to ensure the applicant's rights to equal employment opportunity under *The Human Rights Act*.



# LICENCE RENEWAL

## Regulations

- 22.1(1) A licensee that wishes to renew its licence shall, in the form and manner specified by the director, at least 60 days before the expiry date of the licence or such shorter time as is acceptable to the director, apply to renew the licence and the application must be accompanied by all of the following:
- (a) a statement confirming that the information and documentation provided under section 22 at the time of the application for a licence, or under this section at the time of the last licence renewal, has not changed;
  - (b) if there has been any change in the information or documentation under clause (a), or any changes in the facility or in the manner of providing child care, a statement as to these changes;
  - (c) confirmation by the licensee that the licensee continues to be in compliance with the requirements and standards prescribed in this regulation with respect of the licence issued;
  - (d) any other information or additional documentation that the director considers necessary to determine the ability of the licensee to continue to be in compliance with the requirements and standards prescribed in this regulation with respect of the licence issued.
- 22.1(2) Where the director is satisfied that a licensee and the facility in respect of which the licence was issued continue to meet the requirements and standards prescribed in this regulation, the director may issue a renewal of the licence to the licensee for a term not exceeding one year.

## Guidelines

Licence renewal forms are sent to the licensee each year. Providers must review all written documents required for the licence renewal and submit them with the licence renewal form in a timely manner. The renewal process ensures that the home continues to meet licensing requirements and may include fire and public health inspections, if required, by the authority.

## Best Practices

To avoid delay, providers have all documents ready at least 60 days before the expiry date of the licence.



# APPEAL PROCESS

*The Community Child Care Standards Act* states that a child care provider or a licence applicant has the right to appeal the following decisions made by Manitoba Early Learning and Child Care:

- refusal to issue a licence
- suspension or loss of licence
- enforcement of terms and conditions on a licence
- orders about licensing requirements

An appeal must be made to the Social Services Appeal Board within 30 days of the decision. The method of the appeal is defined in *The Social Services Appeal Board Act*.

For more information about the Social Services Appeal Board, contact your child care co-ordinator or Child Care Information Services at **204-945-0776** in Winnipeg; or toll free at **1-888-213-4754**.

## Learn more

View *The Social Services Appeal Board Act* at [web2.gov.mb.ca/laws/statutes/ccsm/s167e.php](http://web2.gov.mb.ca/laws/statutes/ccsm/s167e.php)







# Provider Qualifications and Training



# PERSONAL ASSESSMENT

## Regulations

- 22(1) An application for a licence to provide or offer child care in a family child care home shall include the following:
- (d) a personal assessment of the applicant completed by a person or persons authorized by the director, and, where requested by the director, a written commitment to participate in continuing education in any of the competency areas set out in the guidelines provided by the director;

### What are competency areas?

Competency areas are used by child care co-ordinators to assess the applicant's initial and ongoing ability to work with children. These are described in the table on the next page.

The child care co-ordinator observes, records and discusses the provider's skills in each competency area during visits to the home. The co-ordinator can suggest further training and/or development.

A family child care provider may be required to take workshops or courses as a condition of licensing.



COMPETENCY AREA	DESCRIPTION
1. <b>SAFETY:</b>	provides a safe environment to prevent and reduce injuries
2. <b>HEALTH:</b>	promotes good health and nutrition
3. <b>LEARNING ENVIRONMENT:</b>	uses space, materials and routines to build an interesting, enjoyable environment that encourages exploration and learning
4. <b>PHYSICAL:</b>	provides a variety of equipment, activities and opportunities to support and promote the physical development of all children
5. <b>COGNITIVE:</b>	provides activities and experiences that develop questioning, exploration and problem-solving for the development levels and learning styles of children
6. <b>COMMUNICATION:</b>	creates opportunities for children to understand, acquire and use verbal and non-verbal communication of thoughts and feelings
7. <b>CREATIVITY:</b>	provides experiences that stimulate children to explore and express their creative abilities
8. <b>SELF-AWARENESS:</b>	helps each child discover, accept and take pride in herself or himself, and develop a sense of independence
9. <b>SOCIAL INTERACTION:</b>	helps children learn to get along with others and encourages feelings of empathy and mutual respect among children and adults
10. <b>GUIDANCE AND DISCIPLINE:</b>	creates an environment that encourages children to learn and practice appropriate/acceptable behaviour as individuals and within groups
11. <b>FAMILIES:</b>	maintains an open, friendly, informative relationship with each child's family and encourages involvement in the child care home
12. <b>PROGRAM MANAGEMENT:</b>	competently organizes, plans and keeps records and uses all available resources to ensure an effective operation
13. <b>PROFESSIONALISM:</b>	finds and uses opportunities to improve competence to benefit the children and families the provider serves

# CHILD CARE TRAINING

## Regulations

- 22(1) An application for a licence to provide or offer child care in a family child care home shall include the following:
- (g) subject to subsection (3), evidence that the applicant has, within eight years before the date of application, successfully completed 40 hours of course work that
    - (i) in the opinion of the director, is relevant to early childhood education or family child care; and
    - (ii) is offered by a publicly funded post-secondary institution, or other institution or body, approved by the director.
- 22(3) If, at the time of application, an applicant has not successfully completed the course work referred to in clause (1)(g), the applicant may be granted a licence subject to the condition that the applicant successfully complete the course work within 12 months after the date of the licence.

## Guidelines

Child care providers must complete a 40-hour course in early childhood education. A copy of the transcript must be submitted to the child care co-ordinator.

### Training Options

Post-secondary institutions that offer qualifying courses are listed in Manitoba Early Learning and Child Care's *Forty Hour Course Options for Child Care Assistants and Family Child Care Providers* fact sheet. It is available online at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications; or contact Child Care Information Services at 204-945-0776 in Winnipeg; toll free 1-888-213-4754.

Courses not listed on the fact sheet will be assessed individually by a qualifications specialist. Providers may apply for an annual training grant to cover the cost of post-secondary courses in early childhood education. **(See Section N3 – Training Grants)**

## Best Practices

Providers complete a diploma in early childhood education or the Manitoba Early Learning and Child Care Family Child Care / Competency Based Assessment Program to acquire an early childhood educator II (ECE II) classification.



# FIRST AID TRAINING

## Regulations

23(8) Every licensee shall

- (a) complete a first aid course that includes CPR training relevant to the age group being cared for within six months of the issuance of a licence or within a period of time approved by the director; and
- (b) complete recertification of the first aid course and CPR training as required within a period of time approved by the director.

## Guidelines

Providers must complete a first aid training course that includes CPR and is appropriate for the age group being cared for in the home. This training must be completed within six months once the licence is issued.

If there are extenuating circumstances that prevent a provider from completing the appropriate first aid course within six months from the date the licence was issued, the provider must contact their child care co-ordinator.

First aid certification must be kept current. Dates for updating certification are set by the issuing organization.

## Best Practices

CPR training is updated annually to ensure ongoing familiarity with lifesaving techniques.

Substitutes have current first aid and CPR certification.



# PROFESSIONAL DEVELOPMENT

## Best Practices

Providers take at least 12 hours of professional development each year (in addition to renewing first aid / CPR certification and any mandatory training).

Providers are members of a professional child care association, which will provide them with several services (ex: professional libraries and group health benefits).

Providers participate in local family child care provider networks. If there is not a network in the provider's area, find out how to start one.

### Professional Development

Any opportunity to learn new skills and enhance existing skills that build competence and self-confidence is considered professional development. It can include a range of activities, such as home visits to observe other programs; written resources; working with a mentor; networking with colleagues, working on professional committees; attending professional conferences; and taking workshops, certificate courses and competency-based training.









Administration

# CHILD CARE POLICIES

## Regulations

- 22(1) An application for a licence to provide or offer child care in a family child care home shall include the following:
- (b.1) a copy of the code of conduct and safety plan;
  - (f) copies of the following policies which must be consistent with any regulations and acceptable to the director:
    - (i) the behaviour management policy,
    - (ii) the inclusion policy with respect to children with additional support needs,
    - (iii) the admission and discharge policies,
    - (iv) the transportation policy;
  - (f.1) copies of all policies that the applicant proposes to give to a child's parent or guardian on enrolment of the child;

## Guidelines

Providers must write policies for their child care home and provide these policies to parents.

Providers must give parents information about:

### **Behaviour Management Policy**

For more information about behaviour management policies, see **Section F2**.

### **Inclusion Policy for Children with Additional Support Needs**

The inclusion policy must describe access, participation and support. *Writing an Inclusion Policy: A Guide for Child Care Centres and Homes* has directions on drafting a policy. For more information, see **Section G2**.

### **Safety Plans**

*Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Homes* has directions on drafting safety plans. For more information, see **Section I1**.

## **Code of Conduct**

*Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Homes* has directions on drafting codes of conduct. For more information, see **Section F3**.

## **Transportation Policy**

More information about transportation policy is available in **Section J20**.

## **Arrivals and Departures**

More information about arrivals and departures is available in **Section D3**.

## **Child Abuse Reporting**

More information about child abuse reporting is available in **Section F5**.

## **Illness**

More information on illness is available in **Section J18**.

## **Administering Medication**

More information on administering medication is available in **Section J15**.

## **Outings**

More information on outings is available in **Section G5**.

## **Indirect Supervision**

More information on indirect supervision is available in **Section E4**.

## **Photography and Research**

More information on photography and research is available in **Section D5**.

Policies should also include information about enrolment, withdrawal, release of children, personal belongings, financial arrangements, statutory holidays and vacations.

## Best Practices

Providers develop a comprehensive statement of program goals and objectives, describing the specific goals and how they will be accomplished.

The policies of the child care home are well thought out, meet all current regulations and are family friendly.

Policy changes are made in consultation with the child care co-ordinator before implementation.

The parent policy manual has information about the provider's home and family, including family member roles, pets, fees, hours of operation and food provided.

### Did you know?



One of the benefits of family child care is that it provides consistency in the relationship between the caregiver and the child:

- The same adult cares for the child throughout the day.
- The same adult could possibly care for the child in the same setting from the time the child is three months to age 12.

The secure relationship between a child and caregiver helps the child develop secure relationships with others throughout life.

The provider's written policy can note these benefits to enhance their partnership with parents, acknowledging the home-away-from-home atmosphere of the family child care setting.



# CHILD INFORMATION RECORDS

## Regulations

- 23(1) Every licensee shall keep current records of child and family information for each child enrolled during the period of enrolment and for a period of at least two years after discharge, which shall include
- (a) each child's name, home address and birthdate;
  - (b) name, address and telephone number of each child's parent or guardian, and the location and telephone number of the parent or guardian while the child is attending the family child care home;
  - (c) name, address and telephone number of a person designated by the parent or guardian to be contacted in the event of an emergency if the parent or guardian is not available;
  - (d) names of any person designated by the parent or guardian as a person to whom the child may be released;
  - (e) records of any medical, physical, developmental or emotional conditions relevant to the care of the child;
  - (f) each child's Department of Health registration and personal health identification numbers and name of the child's physician; and
  - (g) where applicable, copies of separation agreements, court orders or other documents setting out custody arrangements for each child.

## Guidelines

Providers must update children's records as changes occur and review them at least once a year. All emergency information must be current, accessible and confidential.

### Learn more

For more information on confidentiality, see **Section D4**.



### Releasing a child to someone other than the parent

When a designated person picks up a child, providers should verify in each situation that the parents have authorized the individual to pick-up the child on that particular day. Providers should record each situation.



## Custody Agreement or Court Order



The child care home's registration form should have a clause stating that if the parents are separated or divorced, the parent will inform the provider about custody and access arrangements. When available, parents should also give the provider a copy of the custody agreement or court orders for the children under their care.

For details, see *Understanding Custody Arrangements and Court Orders Issued by the Criminal or Family Law Courts*. It is available by request from your child care co-ordinator; or go to [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications.'

Copies of custody and access arrangements, custody agreements or court orders for the children under their care should be included in the children's information packages, which providers take along when children go on outings.

## Immunization Records



It is strongly recommended that providers keep a current immunization record for each child (to be used if there is an outbreak of a communicable disease in the home). However, providers cannot deny a child a place in care if the immunization record is not provided by the parents.

## Information Forms



The information form must include emergency contact information for the parent(s) and any other designated emergency contact person, containing: work name, address and phone number, home address and home/cell/pager phone numbers.

In order to ensure you can contact parents, discuss with them which method(s) of communication should be used and when (ex: class schedule, which is updated as changes are made).

For a sample information form, contact your child care co-ordinator.

## Best Practices

Providers have at least two current copies of each child's information records. Records are stored to ensure confidentiality but must be easily accessible in an emergency. Contact your child care co-ordinator for samples of children's information forms.

Providers are aware of their responsibilities to all parties, and make them known to the children's parent(s). *Understanding Custody Arrangements and Court Orders* has valuable information about custody arrangements. It is available on request from your child care co-ordinator; or go to [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications.'





# ATTENDANCE RECORDS

## Regulations

23(2) Every licensee shall keep daily attendance reports that indicate the arrival time and departure time with respect to each child enrolled in the family child care home, and shall maintain these reports on file for a period of two years.

## Guidelines

Providers must ensure they keep accurate records of children's arrival and departure times. Contact your child care co-ordinator for samples of forms.

Providers must prepare and attach a current home floor plan to the attendance record for emergency personnel in case of an emergency. Providers must take the attendance records if the home is evacuated and during evacuation drills.

### Emergency Evacuation

Emergency workers may require attendance records to ensure that all occupants of the home have been accounted for.



### Attendance Reports

Child care regulations state that attendance reports must be kept available for inspection for two years. However, providers should keep attendance reports longer, for income tax records.



Destruction of attendance records must be done in a confidential and professional manner.

## Best Practices

Providers use a recording system to monitor where children are at all times, including excursions away from the home or school and after-school activities.

The home has an answering machine, bulletin board, e-mail or other communication system so parents can leave messages about absences, appointments, early or late arrivals and/or pick-up. Messages are checked regularly.

Providers regularly monitor the use of allowable absent days for families who are subsidized and keep families informed of their balances.



# CONFIDENTIALITY

## Regulations

- 23(3) Every licensee shall keep information concerning a child or the child's family, obtained under subsection 23(1), 23(2), 25(3), 26(1.2), 27(2.1), 29(7) or 29(9), strictly confidential, but
- (a) the child's parents or guardians shall have access to such information upon request; and
  - (b) the information can be disclosed
    - (i) with the written consent of the child's parent or guardian, or
    - (ii) in accordance with the provisions of any legislation or a court order.

## Guidelines

Providers must not discuss a child or a child's family with another parent, provider or centre, or any other person without parental approval. Any concerns about release of information should be discussed with your child care co-ordinator.

Child care co-ordinators, Child and Family Services agency staff, Manitoba Early Learning and Child Care staff, the police and the RCMP are allowed to have access to child information records.

Providers must have policies to ensure that written and verbal information about one child or family is not accessible to other families and that each family's privacy is respected. Personal information about children or families (ex: food allergies or medications) must be kept confidential and may not be posted in an area that has public access.

## Best Practices

Providers understand privacy legislation, including the *Personal Information Protection and Electronic Documents Act*. The Manitoba Child Care Association's *Privacy Policy Resources for Child Care Facilities* is used to ensure compliance with federal privacy legislation.

### Learn more

For details on the *Personal Information Protection and Electronic Documents Act*, go to the Office of the Privacy Commissioner of Canada website at [www.privcom.gc.ca](http://www.privcom.gc.ca).

For more on the Manitoba Child Care Association's *Privacy Policy Resources for Child Care Facilities*, go to [www.mccahouse.org](http://www.mccahouse.org).



Providers have communication systems that ensure personal information is always kept confidential. For example:

- put financial information (bills, fee receipts) in individual envelopes for parents
- put e-mail addresses of families in the bcc (blind carbon copy) address line of the e-mail when sending information to more than one family
- do not give out e-mail addresses unless you have permission from parents

All written information about families is kept in locked storage.

Providers have a written confidentiality policy. Parents are told who can get the information without written permission (ex: child care co-ordinator, Child and Family Services agency staff, police, RCMP) and when these people may have access. All family members (age appropriate), additional staff, substitutes, students and volunteers know, understand and sign the home's written confidentiality policy.

Substitute caregivers only have access to information needed to care for a child. Providers ensure substitutes understand these confidentiality requirements.

# PARENTAL PERMISSION

## Regulations

- 23(4) Every licensee shall obtain written permission from the parent or guardian of a child before any research project, photography or video-taping is carried out by any person with respect to that child in the family child care home.

## Guidelines

Consent from parents is not required by Child and Family Services agency staff, police, RCMP, child care co-ordinators or Manitoba Early Learning and Child Care staff, when they are investigating child abuse, neglect or prohibited behaviour management. Parental consent forms are required when a child is assessed by other professionals (ex: child development specialists).

Students from recognized child care training programs or educational institutions are allowed to make observational notes at a home without parental consent, but only if the identity of the child is not revealed in the observation.

Parental consent forms are not required for observations:

- that are a normal part of the home's program
- that are done by the provider to evaluate a child's progress and development
- that are done for program planning

## Parental Consent Forms

Parent consent forms should include:

- date, name of child, provider and parent
- type of media used
- reason for collection of pictures and/or documentation
- type and purpose of research and/or project
- name of educational institution, association or media with the name of a contact person
- uses of and access to photographs, tapes and information
- signature of parent(s) and provider

For further information, please contact your child care co-ordinator.



## Best Practices

The provider's policy packages for parents have information on the purpose of regular photographing / videotaping for use within the home (ex: post on a bulletin board, keep in photo albums, art projects or family gatherings).

Providers do not send copies of children's photos electronically either for developing or printing or to parents without prior parental permission.

Consent forms are designed to allow parents the choice not to participate and the forms should also have clear explanations about the intended use of photographs or videotapes.

Children also have the choice not to take part in photo or video sessions, where applicable.

# FINANCIAL RECORDS

## Regulations

23(5) Every licensee shall maintain complete and accurate financial records with respect to the family child care home.

## Guidelines

Providers are considered self-employed for tax purposes and must keep financial records to file income tax and report expenses. Providers should contact Canada Revenue Agency (CRA) when they set up their financial recording systems.

### Learn more

For more information, see Canada Revenue Agency's publication ***Using Your Home for Daycare*** (publication number P134) at [www.cra-arc.gc.ca/E/pub/tg/p134/](http://www.cra-arc.gc.ca/E/pub/tg/p134/); or call 1-800-959-2221 toll free for a copy.



## Best Practices

Providers do annual budgets for their family child care operations. The budget plans for program supplies, appropriate toys, equipment, repairs and renovations.

Providers keep a separate business bank account.

Providers use available resources and training to keep efficient accounting records.





# ISSUING RECEIPTS

## Regulations

23(6) Every licensee shall issue receipts for the cost of care of children in the family child care home.

## Guidelines

Providers must issue receipts that include:

- child's name
- parent's name
- billing period
- amount of payment, in written and numerical form (ex: fifty five dollars, \$55.00)
- provider's name
- date of receipt
- provider's signature
- provider's social insurance number, on at least one receipt each year (parents need to include a provider's social insurance number when they claim child care expenses on Canada Revenue Agency's Child Care Expense Deduction form)
- amount paid for each child



# INSURANCE

## Regulations

**23(7)** Every licensee shall obtain and maintain comprehensive general liability insurance coverage for children enrolled in the family child care home, including coverage for excursions away from the family child care home and business vehicle liability insurance where necessary.

## Guidelines

Providers must have general liability insurance coverage as a licensed child care home at all times. It must be reviewed and updated annually or as required (ex: if a provider relocates).

### Liability insurance

General liability insurance will cover claims when the insurance company is reasonably convinced the provider was negligent. Most general liability insurance policies will cover claims for:

- bodily injury – physical injury, pain and suffering, sickness and death
- damage to another's property – both destruction and loss of use
- immediate medical relief at the time of the accident
- legal cost of defending the home in a lawsuit if the injured party decides to sue (the insurance company will pay for the provider's defence, even if the suit is groundless or fraudulent)



### Liability coverage



A minimum of \$3 million in comprehensive general liability coverage is recommended. This amount reflects court awards on claims for children who have received serious injuries.

Commercial coverage is recommended but providers may get an extension to a homeowner's policy. With an extension, the provider must ensure that liability coverage is in place for:

- walks and/or other outings off the provider's property
- times the children are transported
- times when they have a substitute caregiver

With the homeowner's policy, providers are advised to check that the amount of coverage is per child and not per family child care home.

### Learn more



Providers who transport children should have a minimum of \$3 million in liability insurance to cover all vehicles used to transport the children in care.

For more information, contact Manitoba Public Insurance (MPI) at 204-985-7000 in Winnipeg; or 1-800-665-2410 toll free; or go to [www.mpi.mb.ca](http://www.mpi.mb.ca).

## Best Practices

Providers have comprehensive general liability insurance coverage, and \$5 million in third-party vehicle insurance coverage on all vehicles used to transport children.

# CHILDREN UNDER 12 WEEKS OLD

## Regulations

**24(3)** No licensee shall permit a child less than 12 weeks of age to be admitted to a family child care home without the prior approval of the director.

## Guidelines

Parents and the provider must submit a request for approval before a child less than 12 weeks of age can attend. The request must explain the reason care is needed and include a letter from the child's doctor stating that the child is healthy and can attend child care. Requests must be in writing through your child care co-ordinator.

The director of Manitoba Early Learning and Child Care must approve the request, before the child attends.





Supervision



# SUPERVISION AT ALL TIMES

## Regulations

**24(1)** Every licensee shall ensure that children attending the family child care home are supervised at all times.

## Guidelines

Providers must always be aware of all the children in the group, their numbers, ages and abilities, as well as the lay-out of the environment, to ensure proper supervision.

Providers must be aware of children at all times, monitor where they are and count them regularly:

- during playtimes
- during transitions in routines
- when arriving and leaving outdoor play areas and outings
- when arriving and leaving the destinations for outings

Whenever possible, providers should directly supervise nap time for all children. However, at minimum:

- infants must be directly visually checked every ten minutes to ensure that they are not in distress, whether sleeping in cribs or playpens.
- additionally, providers using playpens (rather than cribs) as sleep surfaces must have an acceptable supervision plan/practice in place that enables them to attend to sleeping infants.

Some possible solutions/strategies that family child care providers can use if playpens are used include:

- Always being on the same floor as the napping infants; with the door to their room kept open at all times.
- Having infants who are sleeping in playpens in the same room as children at play.

Providers are also encouraged to work with their child care co-ordinator to develop an acceptable plan for nap time supervision. To learn more about sleeping routines, see **Section J5 – Sleeping.**





## Best Practices

Providers consult with their child care co-ordinator about creating developmentally appropriate supervision plans and discuss any concerns.

A provider cares for no more than three children under age three in the home. Of these three, no more than two are under age two and only one is under one year. These numbers include the provider's own children. The provider gives special enrolment consideration to multiple birth children.

Providers directly supervise nap time for all children.

# PROTECTING HEALTH AND SAFETY

## Regulations

- 24(1.1) The licensee shall ensure that the supervision referred to in subsection (1), whether direct supervision or indirect supervision
- (a) protects the health and safety of each child

## Guidelines

Supervision means the provider is attending to or involved with the children at all times.

### Learn more

Specific guidelines for supervising children during water activities, see **Section J12 – Water Safety**.



## Best Practices

Supervision supports positive interaction between children and the provider.

Providers ensure a balance between children's need to explore independently and their need for adult-child interactions.

Children wear appropriate safety equipment (ex: bike helmets, wrist guards, elbow and knee pads), when using equipment such as bicycles, scooters, rollerblades, etc.

### Learn more

For details on supervising for **Sun Safety**, see **Section J13**.

For details on preventing **West Nile Virus**, see **Section J14**.

For more information about children's health, go to the Hospital for Sick Children's website at [www.sickkids.ca](http://www.sickkids.ca).

For more details on preventing injuries, go to the Public Health Agency of Canada's Injury Prevention website at [www.phac-aspc.gc.ca/inj-bles](http://www.phac-aspc.gc.ca/inj-bles).





# SUPERVISION

## Regulations

**24(1.1)** The licensee shall ensure that the supervision referred to in subsection (1), whether direct supervision or indirect supervision  
(b) is appropriate to each child's developmental age

## Guidelines

Supervision must be appropriate to the child's age, developmental level and behaviour. Providers must consider environmental factors, such as the safety of the play space and the child's familiarity with the play environment.

Providers must be aware of the developmental level of each child and provide the appropriate level of supervision.

Providers must know the capacities, temperament and maturity of each child and supervise accordingly. They are aware of what all children are doing at all times (ex: scan the play area, listen to children's play, move throughout the space).

## Best Practices

Providers discuss the type of supervision provided with each parent and include supervision policies in the written policies given to parents. The reasons for safety rules for all children are explained to parents.

Providers know that appropriate supervision depends on several factors, including:

### **Infants/young preschool children (three months to three years)**

- Children are in the provider's sight at all times.
- Younger preschoolers are on the same level of the home as the provider.

### **Preschool children (four to six years)**

- Children are in the provider's sight at all times
- The provider engages with them regularly.

### **School age children (six to 12 years)**

- School age children are checked on visually every 10 to 15 minutes when not directly supervised.
- The provider is aware of them and what they are doing at all times.
- Older children are included when the provider is setting safety rules.

## **Supervision**

Careful, developmentally appropriate supervision helps children develop positive social skills such as taking turns, co-operating, problem-solving and communicating.



# INDIRECT SUPERVISION

*Indirect supervision means that while the provider is not physically present for a period of time, he or she is still aware of where each child is and can ensure each child's health, safety and well-being are maintained and never compromised.*

## Regulations

**24(1.2)** If the supervision of a child is not direct supervision, the licensee shall obtain the written approval from the child's parent or guardian as to the type of supervision given and keep the approval on file.

## Guidelines

Arrangements for indirect supervision during play must be discussed with and approved by the child care co-ordinator in advance. The provider must get written permission for indirect supervision arrangements from parents. The provider must keep the agreement in the child's file and update it regularly.

When children are indirectly supervised while playing outside, the provider must ensure they are always within view. The provider must be quickly and easily accessible to each child.

Whenever possible, providers should directly supervise nap time for all children. However, when preschool children are indirectly supervised during naps, the provider must conduct regular checks and use a monitor, as needed. **(See Section J5 – Sleeping Procedures)**

When a provider must attend to personal needs while the children are awake, indirect supervision is limited to one to two minutes. The provider ensures that the children are safe and secure even for those few moments (ex: in playpen or crib, in a safe area next to the provider).

Providers must supervise each child according to his/her abilities, temperament, maturity and developmental level.

Providers must be aware of what the children are doing at all times (ex: regularly scan play area, listen to children's play, move throughout the play space).

If children have challenging behaviour during indirect supervision, the provider must adjust the level of supervision to ensure a safe and respectful play environment.





# SUBSTITUTE PROVIDERS

*A substitute is anyone other than the licensee who provides care for children in the family child care home.*

## Regulations

- 24(2)** If a licensee is unable to care for children attending a family child care home for short time periods or because of an emergency, and the licensee provides a substitute, the licensee shall obtain the approval of the director and
- (a) maintain a written record of each occurrence;
  - (b) advise parents or guardians in advance of each occurrence, except in emergency situations;
  - (d) ensure that the substitute is familiar with the code of conduct, safety plan and all emergency procedures; and
  - (e) provide a copy of the code of conduct, safety plan and behaviour management policies referred to in subsection 27(2) to the substitute.

## Guidelines

Substitutes must be at least 18 years of age and provide the care in the licensed home.

Providers must give an orientation to a substitute that includes information about:

- behaviour management policy
- confidentiality policy
- safety plans
- code of conduct
- policy for children who are ill
- emergency numbers and procedures, including the location of fire extinguishers
- children's information files
- inclusion policy for children with additional support needs
- daily routine, activity plans and how toys, games and equipment are used
- all child care legislation, regulations and child abuse protocol

The substitute must be aware of all children's needs, including those needing additional support.

Providers must leave instructions about each child's eating, sleeping and playing habits, plus schedules for feeding, toileting and diapering. Also, providers must clarify each child's unique needs and circumstances, including information on medication, food allergies and parental custody arrangements.

Parents must be notified as far in advance as possible of the use of a substitute.

The substitute must know the provider's return time and how to contact the provider if necessary.

Providers must get approval for the use of substitutes. The following guidelines explain how to get approval under different circumstances:

**Emergency Care** (ex: family problem, sudden illness, etc.)

- Providers must inform their child care co-ordinators as soon as is reasonable (ex: the next day) by email or phone about:
  - the type of emergency
  - the time the substitute was used (ex: 9:00 - 11:00 a.m.)
  - the name of the substitute

**Planned Absence** (ex: medical appointment, family commitment, etc.)

- Providers must inform their child care co-ordinators in advance by email or phone about:
  - the type of planned absence
  - the time the substitute is to be used
  - the name of the substitute

**Extended Absence** (ex: vacation, family commitment, etc.)

- Providers must get approval from the director in advance. The request should include:
  - dates and reason for the extended absence
  - name of substitute
  - whether substitute has cleared investigation authorizations
  - how substitute has been oriented to your daily program, the children in care and all of your regulatory responsibilities
  - confirmation that parents have been informed

Substitutes must be informed about children's food allergies before preparing and serving their food.

A substitute must only provide care in the licensed child care home.

## Best Practices

Providers use a consistent substitute whenever possible.

All substitutes have current first aid and CPR training and must have cleared the required checks (ex: child abuse registry).

The substitute visits the child care home when the provider is there and becomes familiar with the children, parents and routines.

The substitutes are aware of all safety precautions for all areas and all ages, including:

- safety gates
- locks
- location of smoke alarms and carbon monoxide detectors
- rooms which should be kept closed or locked
- location of poisonous materials
- pets

If more than one substitute is used, the provider posts pictures, names and phone numbers of substitutes on a parent bulletin board and introduces substitutes (in advance, if possible) to the parents and children.





# Behaviour and Guidance

# PROHIBITED FORMS OF BEHAVIOUR MANAGEMENT

## Regulations

27(1) A licensee shall not permit, practise, or inflict any form of physical punishment or verbal or emotional abuse upon, or the denial of physical necessities to, any child in attendance at the family child care home.

## Guidelines

Physical punishment includes striking a child, either directly or with an object, shaking, grabbing, shoving or spanking. It also includes forcing a child to repeat physical movements, requiring a child to maintain an uncomfortable position for any length of time, force-feeding or any other action that results in physical injury to the child.

Verbal or emotional abuse includes intimidation, humiliation, threats to withdraw love or acceptance, threats of punishment, belittling or degrading talk that undermines a child's self-respect.

Denial of physical necessities includes not providing food, water, shelter, adequate clothing, bedding, sleep or access to the toilet.

## Best Practices

Providers use a calm voice and tone at all times and show empathy for a child who is upset or hurt.


Young children are taught to recognize and articulate their own feelings and the feelings of others. Providers encourage children and show appreciation for them.

Providers understand that respect and learning are the basis for positive child management practice. Children are taught appropriate behaviour in a way that protects their self-esteem.

Providers show respect for diverse abilities, social and cultural backgrounds of all children and accommodate their individual needs. They model positive problem-solving and understanding of others, politeness, respect and other positive behaviours children are expected to learn.

Providers and parents work together to ensure consistency between the child's home and the child care home. Resources about positive guidance are shared with parents.

Where developmentally appropriate, children are supported in solving conflicts and problems (ex: talk problems out, think of solutions, empathize with others' feelings).



Activities to teach social skills are part of the care program (ex: story books, group discussions) and providers understand the time it takes to develop social skills. Providers see the importance of parallel play as a step toward social interaction.

Children are taught to learn from their mistakes, work towards goals, take pride in their successes and value their own strengths.

With parental consent, professional advice is sought for recurring challenging behaviour problems. Providers consult with their child care co-ordinators when needed.

Providers participate in professional development opportunities on behaviour management, communication and child development.

# BEHAVIOUR MANAGEMENT POLICY

*A behaviour management policy outlines realistic expectations of children's capabilities and natural consequences for behaviour, within a supportive environment. These policies help children learn independence and appropriate, acceptable behaviour.*

## Regulations

- 27(2) Every licensee shall develop and provide to all parents and guardians of children enrolled in the family child care home behaviour management policies which**
- (a) are consistent with subsection (1); and**
  - (b) take into account the developmental capabilities of the children.**

## Guidelines

Providers must review their behaviour management policy annually.

Providers must review the behaviour management policy with parents when children are enrolled.

Providers must provide a copy of the policy to parents.

Preventive measures and guidance techniques outlined in the written policies must include:

- providing appropriate supervision
- ensuring children are actively involved in the program
- providing multiples of toys and equipment, especially favourites
- allowing flexibility and time for children to continue with an activity
- preparing children for transitions and providing adequate warning time
- giving children responsibility and letting them help
- respecting children's feelings
- expressing pride, interest and pleasure in the children
- providing close support when a child is having a difficult day

Reasonable approaches for guidance must include:

- setting developmentally appropriate limits
- providing gentle reminders
- providing explanations



- offering appropriate choices
- helping children make choices
- anticipating children's needs
- helping children see the consequences of their actions and words
- recognizing differences in ages, abilities, temperament and experience
- ignoring behaviour where appropriate
- encouraging appropriate behaviour
- redirecting children from potential problems
- removing children from situations where appropriate

Providers must recognize the expertise of the children's families and other professionals involved in children's care.

### Learn more

For more information related to behaviour management, see Manitoba Early Learning and Child Care's publication *Best Practices for Guiding Children's Behaviour*. Available at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications.



## Best Practices

Providers are committed to ongoing professional development in child development and guidance, and share information with families about resources, workshops and training.

# CODE OF CONDUCT

*A code of conduct communicates expectations for behaviour for everyone in the child care home, including families. It supports safe, positive and respectful environments.*

## Regulations

22.1.1(1) Every licensee shall comply with the family child care home's

(a) code of conduct

22.1.1(2) With respect to persons who

(a) work with children with additional support needs; or

(b) are substitutes, as referred to in subsection 24(2);

a licensee shall ensure that they

(c) are instructed as to the requirements set out in the code of conduct and safety plan when they are first employed and annually afterwards; and

(d) comply with the code of conduct and safety plan.

22.1.1(3) Every licensee shall provide a copy of the code of conduct to all parents and guardians of children enrolled in the family child care home.

## Guidelines

*The Child Care Safety Charter* came into force in May 2010. It states that child care homes must write and use enhanced safety plans and codes of conduct. Approved safety plans and codes of conduct must be in place before a licence is granted.

Policies must be put in place so that everyone involved with the child care home understands what behaviours are appropriate and inappropriate. Proactive strategies to help promote appropriate behaviour and the consequences for inappropriate behaviour must also be included.

### Learn more

For more details on codes of conduct, see Manitoba Early Learning and Child Care's publication: *Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Homes*. Contact your child care co-ordinator for a copy; or go to [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications.'





# TREATMENT PLANS FOR CHILDREN

## Regulations

27(2.1) If a licensee establishes a treatment plan for a child in conjunction with a medical or behavioural specialist, the licensee may only implement the treatment plan if it is approved by the director in writing before it is implemented.

## Guidelines

A written request must be submitted to the child care co-ordinator for consideration and approval by the director.

A treatment plan can only be implemented with the approval of the director.



# REPORTING CHILD ABUSE

## Regulations

- 27(3) Every licensee shall immediately report any case of suspected child abuse relating to a child attending the licensee's family child care home to the Director of Child and Family Services or a child caring agency as required by *The Child and Family Services Act* or any similar legislation.

### Reporting child abuse

It is important to note that this subsection of the regulations and *The Child and Family Services Act* takes precedence over the confidentiality requirement of the child care regulation outlined in **Section D4 - Confidentiality** of this manual.



## Guidelines

Specific sections of *The Child and Family Services Act* are reprinted here to ensure that providers are aware of their rights and their responsibilities to report child abuse:

**Abuse** means an act or omission by any person where the act or omission results in

- physical injury to the child
- emotional disability of a permanent nature in the child or is likely to result in such a disability
- sexual exploitation of the child with or without the child's consent

### Reporting a child in need of protection

- 18(1) Subject to subsection (1.1), where a person has information that leads the person reasonably to believe that a child is or might be in need of protection as provided in section 17, the person shall forthwith report the information to an agency or to a parent or guardian of the child.

### Duty to report

- 18(2) Notwithstanding the provisions of any other Act, subsection (1) applies even where the person has acquired the information through the discharge of professional duties or within a confidential relationship, but nothing in this subsection abrogates any privilege that may exist because of the relationship between a solicitor and the solicitor's client.

### Protection of informant

18.1(1) No action lies against a person for providing information in good faith and in compliance with section 18.

### Identity of informant

18.1(2) No person shall, except as required in the course of a judicial proceeding, disclose to the family of a child reported in need of protection the identity of the informant under section 18 without the written consent of the informant.

### No interference or harassment

18.1(3) No person shall interfere with or harass an informant under section 18.

### Reports regarding professionals, etc.

18.2(1) Where the director has reasonable grounds to believe that a person has caused a child to be in need of protection or has failed to report information in accordance with section 18, the director may report the matter to the body or person that governs the professional status of the person or certifies, licenses, or otherwise authorizes or permits the person to carry on his or her work or occupation.

### Requirement to investigate

18.2(2) A body or person who receives a report under subsection (1) shall

- a. investigate the matter to determine whether any professional status review or disciplinary proceedings should be commenced against the person; and
- b. on conclusion of the investigation and any proceedings, advise the director of the determination under clause (a), the reasons for the determination, and, if applicable, the results of any professional status review or disciplinary proceedings.

If a provider or substitute, a provider's family member or an employee (hired under the Inclusion Support Program or an overnight staff) is suspected of abusing a child or causing a child to be in need of protection, **it must be reported to a mandated Child and Family Services agency, the police and to the child care co-ordinator.**

All abuse concerns, from unusual behaviour to unusual marks, must be documented in the child's daily record and providers must contact Child and Family Services as noted in the protocol.

If a provider suspects abuse of a child by another child in the child care home, the provider must consult with a Child and Family Services agency before informing the parents of both children.

### Learn more

For more details on this, see *Child Protection and Child Abuse Manual - A Protocol for Early Childhood Educators* available from your child care co-ordinator; or online at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications.



### Best Practices

Providers have a copy of the *Child Protection and Child Abuse – A Protocol for Early Childhood Educators* and know its content. It should be easily accessible to the provider and substitutes.

Providers have a written policy on suspected child abuse noting the steps to be taken to ensure child protection, health and safety.







# Program and Activities

# DAILY PROGRAM

*The daily program includes the daily routines and activities (planned and spontaneous) that are consistent with the family child care provider's philosophy and goals. This is provided for the information of parents in order to enhance the partnership between the family child care home and the child's home.*

## Regulations

26(1) Every licensee shall

- (a) provide a daily program for children in attendance at a family child care home which
  - (ii) includes a variety of daily play activities which allow each child an opportunity to work both independently and co-operatively in small groups, and
  - (iii) takes into account the developmental capabilities of the children, including sleeping and toileting practices for each child; and
- (b) post the daily program for the information of parents and guardians.

## Guidelines

A copy of the daily program must be given to the parents when they enrol a child and must be posted where parents can easily see it. Changes must be noted and posted.

The daily program must nurture children's physical, social, emotional and cognitive development. The program should meet the needs, abilities and interests of each child. For more information about inclusive programming and individual program plans, see **Section G2 – Inclusive Program** and **Section G3 – Individual Program Plans**.

Television and computer use must be limited to no more than a total of one hour per day. Television and computer programs must be suitable for children. Alternate activities must be available to all children when TVs or computers are being used.

## Activities and routines



Daily programs and activities should be based on a daily routine that includes:

- meal and snack times
- scheduled outings (ex: walks to pick-up and drop-off school age children at school)
- nap or quiet time

Time should be given for:

- individual and small group activity
- activities initiated by the children
- activities initiated by the provider
- planned and free play activity
- active and quiet play
- indoor and outdoor activity

The daily program should be predictable, but flexible enough to:

- incorporate the interests of the children
- allow for spontaneous activities
- allow for changes in the weather
- allow for a different pace when needed by either the children or provider
- allow introduction of a new child into the program
- accommodate the changing needs of an infant
- meets the developmental and inclusion support needs of the children

## Best Practices

Providers know that development occurs in a sequence of stages that varies from child to child.

Providers see children as actively learning when they play and try to see what and how they learn through their eyes. This requires careful observation so providers can support the play by adding equipment, toys and activities based on the children's interests, abilities and needs. Providers

help children solve problems, talk about their activities and help them think about ideas that will extend and enhance their play.

A substantial part of the daily routine includes free play to allow children to choose their own activities, play in small groups or play individually.

Activity areas include dramatic, fine motor, creative art, blocks, reading, large muscle, sand/water, music/movement, science, and math/number.

Older preschoolers and school age children help plan programs and activities.

Active outdoor play is scheduled in all weather for all age groups. In bad weather, children are physically active indoors.

Providers set and use routines so children feel secure in knowing what comes next. These routines can be turned into experiences to encourage children's independence and autonomy (ex: dressing for the outdoors, clearing the table, washing their hands). These routines also help children learn and should be relaxed and unhurried.

The program reflects a partnership with parents by:

- acknowledging that parents are experts about their children
- building trust with parents
- responding to parents' needs
- including families' cultures
- encouraging family involvement in the program planning
- involving parents in all decision-making about their child
- informing parents about and engaging them in their children's development
- modelling positive adult-child interactions
- communicating with parents using a variety of methods
- sharing community resource information with parents
- helping parents feel safe, secure and confident about their children's care

Providers write a statement that reflects the family child care philosophy and goals to be used as the foundation for policies and procedures. It is included in the policy manual given to parents. The statement is the basis for decision-making, daily practice and program evaluation.

## Philosophy and Goals Statement

Consider the following when writing a philosophy and goals statement:

- what we know about how children develop and learn
- what we want children to learn
- what the roles and responsibilities of parents and caregivers are in helping children play and learn



# INCLUSIVE PROGRAM

*Inclusion means children of all abilities have equal access to and participate meaningfully in the family child care home. When children are together as part of the group, their development is enhanced and positive social attitudes are fostered.*

*Genuine inclusion is more than just a child's presence. It ensures active, meaningful participation by every child in the daily program and with one another. How this occurs will be different for each child, based on individual abilities and needs. All children should be valued, have friends and feel they belong.*

## Regulations

**26(1) Every licensee shall**

- (a) provide a daily program for children in attendance at a family child care home which**
  - (i) is inclusive of children with additional support needs**

## Guidelines

Any individual hired by a licensee to help care for children with additional support needs must be 18 years of age or older. This person must clear all investigation authorization checks (criminal record, child abuse registry, prior contact) and must have first aid and CPR training. The worker cannot be left alone with children until all checks have been completed.

### The Inclusion Support Program

Providers should be familiar with *A Guide to the Inclusion Support Program*, available from your child care co-ordinator. It explains the benefits of inclusion, referral systems and grants that may be available.



## Best Practices

Before the child is enrolled, the provider, parents, child care co-ordinator and other professionals meet to discuss the child's needs.

The provider makes changes to the program, if needed, to ensure the child can meaningfully participate in the daily program (ex: ensuring toy shelves are easily reached by all children).

The provider encourages children with additional support needs to participate in all activities and interact with peers by incorporating the goals of an individual program plan (IPP) into the daily program. (For more details on IPPs, see **Section G3 – Individual Program Plans.**)

The provider observes children to identify needs and changes routines or the environment to meet the needs and abilities of each child. For example, a provider may lengthen mealtimes for a child who needs more time to finish eating.

The provider regularly talks with families to share information. A communication book or other written information with facts about the day is used by the provider and the family.

The provider, parents and other professionals schedule regular meetings at times when parents can attend. (For details on meetings, see **Section G3 – Individual Program Plans.**)

The provider encourages the family and other professionals to work as partners; share information to support the child and set goals for the child.

The family's priorities for the child are respected.

The provider has additional training to support inclusion.

(For details on grants for this training, see **Section N4 – Inclusion Support Grants.**)

### Learn more

For more information on inclusion see:

- *Writing an Inclusion Policy: A Guide for Child Care Centres and Homes* at: [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications.'
- *A Thinking Guide to Inclusive Child Care for those who care about young children with and without disabilities* at: [www.disabilityrightswi.org/archives/112](http://www.disabilityrightswi.org/archives/112)





# INDIVIDUAL PROGRAM PLANS

## Regulations

- 26(1.2)** Every licensee shall ensure that a written individual program plan is developed for each child with additional support needs who is enrolled in the family child care home. The plan is to be developed in consultation with
- (a) the child's parent or guardian;
  - (b) a qualified professional satisfactory to the director; and
  - (c) the licensee.
- 26(1.3)** The licensee shall ensure that the plan is reviewed with those referred to in subsection (1.2) at least annually.

## Guidelines

Providers, parents and other professionals (ex: therapists), must work as a team to meet the needs of children with additional needs. Goals are written in the individual program plan (IPP) and are evaluated and reviewed throughout the year. Regular team meetings are held to review goals and to update the IPP.

### Individual program plan (IPP)

An IPP ensures appropriate goals are set and inclusive strategies are used to achieve them. An IPP:

- is made for each child with additional support needs
- builds on the child's strengths
- is developed with parents, providers and other professionals
- is monitored and reviewed regularly
- ensures goals and objectives are reflected in the family child care home's regular routines and activities



## Best Practices

The provider knows about other resources for the child and communicates with the child care co-ordinator about the Inclusion Support Program.

Providers and staff recognize the important role they play in promoting inclusion. (For details on inclusion, see **Section G2 – Inclusive Program.**)

### Inclusive practice

Inclusive practice achieves IPP goals most effectively when:

- all children, including those with additional support needs, are valued, active participants in group social play, and the daily activities
- positive attitudes are demonstrated by the provider when making changes to accommodate all children
- the provider is aware of the goals of the child's IPP and supports them in everyday activities
- the provider works as a team with parents and other professionals to set, carry out and review IPPs for children with additional support needs
- the provider has specific training in inclusive practice

### Learn more

For more information see:

- *Guidelines for Early Childhood Transition to School for Children with Special Needs*
- *Writing an Inclusion Policy: A Guide for Child Care Centres and Homes*

Go to [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications.'

# OUTDOOR PLAY

## Regulations

- 26(2) Every licensee shall provide outdoor play for children in attendance at the family child care home on a daily basis except where
- (a) prohibited by a child's parent, guardian or family physician;
  - (b) the wind chill is below -25;
  - (c) the temperature is below -25°C;
  - (d) the wind chill or temperature would, according to the policy of the school division where the facility is located, prohibit outdoor play by children; or
  - (e) another form of weather or a condition exists that would affect a child's health, safety or well-being.

## Guidelines

Every child, including infants and school age children, must be able to play outside every day, except in the conditions noted above. Parents must be informed of this at the time of enrolment.

Children's medical conditions are accommodated (ex: heart conditions, asthma) when including them in active play.

Providers must check current weather forecasts, including temperature, wind chill, humidex and weather watches and warnings.

### Wind chill

Environment Canada combines wind speed and temperatures to calculate wind chill. For example, a temperature of minus 25 degrees Celsius and a wind speed of 20 kilometres per hour will create a wind chill temperature of minus 37.



### Humidex

The level of humidity is noted in the humidex reading. A reading of 29 degrees Celsius or less will not cause discomfort. Some discomfort will be experienced from 30 to 39 Celsius and children should be monitored carefully. Children should not be exerting themselves outdoors if the humidex reading is above 39 Celsius.



## Daily weather conditions

Check current weather online at [www.weatheroffice.ec.gc.ca](http://www.weatheroffice.ec.gc.ca) or call Environment Canada at 204-984-6203 in Winnipeg.



## Best Practices

Providers use a weather radio or listen to a radio station with regular weather updates to be alerted to dangerous weather conditions.

Providers recognize the value of outdoor experiences for children.

Parents are encouraged to ensure their children have adequate clothing and supplies to enjoy the outdoors every day.

Providers use outdoor time in a variety of weather to help children:

- learn about safe exploring
- recall and connect prior experiences with new ones
- explore environments using their cognitive skills (ex: comparing, classifying, predicting)

Children have planned and free playtime outdoors. Providers find opportunities to take indoor activities outside (ex: mealtimes as picnics, outdoor craft activities, story time in the park).

Providers find opportunities for all children to experience active play outdoors and help children by getting actively involved in their play.

Adaptations are made to the outdoor environment so all children can enjoy outdoor play.

Children have access to drinking water before, during and after outdoor play.

## Learn more

See these sections for more details:

- **Section J12 – Water Safety**
- **Section J13 – Sun Safety**
- **Section J14 – West Nile Virus**



# OUTINGS

## Regulations

- 26(3) A licensee who takes the children on outings away from the licensee's family child care home shall
- (a) obtain permission from the child's parent or guardian before taking a child on an outing;
  - (b) give 24 hours notice to the child's parent or guardian of an outing that requires transportation; and
  - (c) take the information referred to in subsection 23(1) on an outing.

## Guidelines

Parents must be advised of each outing, destination, method of transportation and the supervision to be provided.

Providers must have a written policy and permission form for all regular neighbourhood outings. The policy must state the names and locations of each neighbourhood park, library or other site children walk to regularly. Parents must be told about each outing verbally or in writing.

For field trips requiring transportation, permission forms are required. Parents must be informed verbally and on the permission slip that they can refuse permission if they are not comfortable with the site or method of transportation. Permission forms must be signed by parents and kept on file.

## Best Practices

Providers also bring experiences to the child care home for the children (ex: visits from police officers, firefighters, entertainers, etc.). Providers can team up with other providers in the area to share expenses and provide a group experience for the children.

Providers identify and evaluate the goals for field trips to ensure they are appropriate for and benefit all the children. (For safety requirements, see **Section J20 - Transportation.**)

Providers ask parents and volunteers to go with them on field trips requiring transportation.

Providers use appropriate methods of transportation, inform parents of all plans for outings and follow the rules and regulations of the site visited.

Providers prepare children for outings by talking to them about where they are going and what they will see and experience. Providers also explain the safety rules for the whole experience.

Outings meet the developmental needs and interests of the children and to allow them to interact with the environment for optimal learning.

Providers plan follow-up experiences that encourage children to talk about, act out or create images from their experiences on an outing and to share these with their families.

Safety measures are used, including:

- having children wear tags, pinnies, t-shirts with the name and phone number of the family child care provider
- bringing a cellphone
- doing frequent head counts and roll calls:
  - before leaving
  - upon arrival
  - several times during the outing
  - before returning
  - when getting out of transportation vehicles



Space and Equipment

# INDOOR SPACE

## Regulations

- 25(1) Every licensee shall designate indoor space to be used by children
- (a) that is suitable in the opinion of the director, for the number, ages and developmental capabilities of the children enrolled in the family child care home

### Indoor Space

The amount of space per child may vary in a home setting based on the amount of furniture, layout of rooms, available play space, and the ages and abilities of the children. The amount of useable space is a critical consideration in determining the number of spaces that can be licensed. This is regularly reviewed with your child care co-ordinator and changes should be made, when needed.

The decision on the number of licensed spaces is set by your child care co-ordinator during the licensing process and is adjusted when needed.



## Guidelines

Children must not nap or sleep in the basement of a family child care home unless it has been pre-approved by the local fire authority. Providers who want to use their basements for this must notify their child care co-ordinator, who will forward a request for an inspection (paid for by the provider) to the local fire authority.

Providers should adapt play spaces and other areas so children with additional support needs can actively participate, if enrolled.

## Best Practices

Children have access to most rooms within the home, and these rooms have windows with lots of natural light where children can see outside. There is enough indoor space for active and quiet play, group and individual activities, eating, napping, etc. Some areas of the home may be restricted to family use only, or be used for the family child care on a limited basis (for example: family bedrooms).



Play space is well arranged, not crowded, allows for easy movement among areas and makes it easy to observe children.

The following spaces are available:

### **Play space:**

- carpeted and uncarpeted floors for playing with blocks, cars and other floor toys
- tables for playing with puzzles, peg boards, manipulative toys, art activities (ex: drawing, colouring, cutting, pasting)
- messy play space for painting, gluing, play dough, water and sand play
- space for imaginative play (ex: dress up, dramatic play, puppet theatre)
- space for active play (ex: climbing, jumping, dancing)
- space where projects can be left out for a period of time
- quiet space for solitary play
- space to cuddle with a child, read a story, watch others play
- a place to display children's artwork at child's eye level
- space separated by a half door or baby gate for older children to play with materials not suitable for younger children

### **Space for routines:**

- area for meals and snacks that has seating appropriate for the physical and developmental levels of all the children
- nap space that meets the needs of the individual child
- areas for equipment needed by children with additional support needs
- welcoming entrance for children and parents, including a place to sit and put on boots, a hook or shelf for purses or bags, a bulletin board, a storage area for each child to hang a coat and store personal belongings

### **Space for storage:**

- containers or shelves both the provider and children can access for toys that are in daily use
- area for toys not currently being used
- shelves for diapers and other personal effects
- shelves or containers for materials not suitable for younger children that older children have access to

### **Private space for the provider and family:**

- areas for the provider and the provider's own children/spouse away from the child care activity
- a living area free from child care toys and equipment for the provider and the provider's family to use during after-care hours



# OUTDOOR PLAY SPACE

## Regulations

25(2) Every licensee shall provide safe outdoor play space for children enrolled at the family child care home.

### Outdoor play space

Suitable outdoor play space includes:

- provider's yard, preferably fenced from outside hazards
- park or playground, suitably equipped, within 350 metres of the family child care home



## Guidelines

Outdoor space must be free of hazards to children. Where the outdoor play space is not next to the family child care home, access to the area must also be free of hazards.

All in-ground or above-ground pools and hot tubs must be fenced separately and have a locked gate, or other locked device, in addition to the perimeter yard fence, to ensure the pool area is separated from the backyard play space. The height of the fence must be consistent with the local municipal bylaws. If a bylaw does not exist, the fence must be a minimum of 1.5 metres (5 feet) high.

If the provider uses an above-ground or in-ground pool while caring for children, written parental approval must be obtained. A ratio of one adult to one child must be maintained when the children are in the pool or around the pool area.

Hot tubs must not be used by children.

### Alert

A provider who doesn't fence the pool area may use the front yard as a play space or use a playground in the community. The licence will indicate that the backyard cannot be used for child care.



Providers with pets must ensure the yard is free from pet waste and other hazards to children.

If a hazard cannot be removed (ex: ditches, dugouts, man-made lakes) the child care co-ordinator will require the provider to directly supervise children in the outdoor play space at all times.

### Poisonous plants

For information on poisonous plants, go to the website of the Canadian Poisonous Plants Information System at [www.cbif.gc.ca/pls/pp/poison](http://www.cbif.gc.ca/pls/pp/poison)



### Best Practices

Outdoor play spaces are extensions of the indoor playrooms, providing many of the same opportunities. Opportunities are provided for active, creative, structured, quiet and dramatic activities.

Outdoor play space includes:

- a variety of surfaces (ex: grass, blacktop, concrete, sand, pea gravel)
- a mix of trees, lawn and gardens, if possible, and a mix of paths or sidewalks, inclines, hills and open areas
- sand and water
- areas that are shaded and sunny
- covered spaces (ex: porch, veranda, gazebo, play shed, hut)
- a screened room to use during peak mosquito time
- private places for one or two children
- places for small groups of one to four children
- places for large muscle activity, games and sports involving all of the children
- separate places for younger and older children to play
- a place for table top activities and meals or snacks

All climbing structures, swings and slides over 45 centimetres (18 inches) tall, indoors and outdoors, have cushion material under them to prevent injuries from falls. In addition to meeting Canadian Standards Association standards, providers ensure that appropriate cushioning is placed under other equipment. Cushioning to prevent injury from falls includes: pea gravel to a depth of 15 centimetres (six inches); mats with manufacturer's information indicating safety height. Cushioning does not include regular indoor carpets, lawns or packed sand.

Swings have a clearance area and fall zone that extends at least 1.8 metres (6 feet) beyond the stationary swing.

The area is well drained for access year-round, with quick drying surfaces close to the house entrance.

Play areas can be adapted so that children with additional support needs can use them, if enrolled.

Sand boxes are appropriately built and maintained, including:

- proper drainage
- a lid or screen to cover it when not in use to ensure they are free from cat and other animal waste
- annually turning over sand to a depth of 46 centimetres (18 inches)
- weekly cleaning:
  - distributing evenly over the surface of the sand a solution of bleach and water – a general rule is to mix five litres (five quarts) of water with 60 millilitres (two ounces) of bleach for every 2.5 cubic metres (88 cubic feet) of sand
  - once it's spread, hosing down the solution to penetrate the sand
  - turning over the sand to a depth of one shovelful before children use it again

### Safe outdoor play

Providers can use an outdoor safety checklist based on the **Canadian Standards Association's (CSA) Guidelines** to ensure a safe, healthy outdoor play environment. The checklist includes potential playground equipment and environmental hazards. Also, *Children's Playspaces*, about playground safety, can be purchased through [www.csa.ca](http://www.csa.ca).

More details on playground safety can be found at:

- **Preventing Injury – Winnipeg Regional Health Authority**  
[www.wrha.mb.ca/healthinfo/preventinj](http://www.wrha.mb.ca/healthinfo/preventinj)
- **Safe Kids Canada – safety information**  
[www.safekidscanada.ca](http://www.safekidscanada.ca)

For samples of play space safety checklists, providers can go to the Canadian Paediatric Society website at [www.cps.ca](http://www.cps.ca) for *Well-Beings: A Guide to Health in Child Care*.





# EQUIPMENT AND FURNISHINGS

## Regulations

28(1) Every licensee shall provide in the family child care home

- (a) a telephone in working order;
- (b) a high chair or infant seat with safety harnesses that complies with the requirements of the *Hazardous Products Act* (Canada) and other applicable safety legislation or standards, as determined by the director for each child not able to sit independently on a chair;
- (c) a separate sleeping accommodation which is safe and sanitary for each child from 18 months to six years of age in attendance;
- (d) a separate playpen or crib which complies with the requirements of the *Hazardous Products Act* (Canada) for each child less than 18 months of age;
- (e) sanitary coverings for each child while resting or sleeping;
- (f) training chairs and seats and diapering facilities for all children who require them; and
- (g) a minimum of one toilet and one washbasin with running water, or such alternative as may be approved by the health authority.

## Guidelines

The use of baby walkers with wheels is prohibited.

Family child care homes are ***strongly encouraged*** to use acceptable cribs as opposed to playpens.

Providers using playpens (rather than cribs) as sleep surfaces must have an acceptable supervision plan/practice in place that enables them to attend to sleeping infants.

Possible strategies family child care providers can use if infants nap in playpens:

- Stay on the same floor as the napping infants, with the door to that room open at all times.
- Have infants napping in playpens, in the same room as children at play.

Providers are also encouraged to work with their child care co-ordinator to develop an acceptable plan for nap time supervision. To learn more about sleeping routines, see **Section J5 – Sleeping**.





Providers must check Canada's hazardous product and consumer safety recall lists to ensure equipment and furnishings continue to be safe and in compliance.

### Consumer product safety



Health Canada's Consumer Product Safety page has information on cribs, playpens, baby walkers, car seats, safety gates and more.

For current recall lists go to [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca) and follow the links to:

- Consumer Product Safety -> Children's Products
- Consumer Product Safety -> Advisories, Warnings and Recalls

Providers must refer to the Government of Canada's *Hazardous Products Act* and recall lists before buying second-hand equipment such as cribs, playpens and high chairs.

### Learn more



For information on the *Hazardous Products Act* (Canada), go to

- [www.laws-lois.justice.gc.ca/eng/acts/H-3/](http://www.laws-lois.justice.gc.ca/eng/acts/H-3/)
- [www.hc-sc.gc.ca/ahc-asc/legislation/reg/index-eng.php](http://www.hc-sc.gc.ca/ahc-asc/legislation/reg/index-eng.php)

## Best Practices

Parents are able to reach the provider by phone at any time during the home's operating hours.

Providers have voicemail and a cellphone to ensure parents have easy access to them during activities away from the home. Messages are checked regularly.

Providers choose equipment and furnishings based on:

- safety for ages and abilities of the children
- durability
- comfort
- versatility
- easy cleaning

- appeal to children
- natural materials

Proper equipment creates an environment where children:

- are able to explore freely and safely
- can exercise independent choices
- have opportunities to use materials in unique ways



Adaptive equipment and/or adaptations to equipment, if required, are based on a child's needs and abilities and are assessed regularly.

Equipment and materials are neatly stored in containers or on shelves.

Equipment is cleaned, sanitized and inspected weekly for repair or replacement.

Suggested equipment and furnishing include:

- cribs with sheets and blankets for sleeping infants
- a mat, five centimetres (two inches) thick, cot or family bed (with sanitary coverings) with sheets and blankets for preschoolers
- washable pillow for preschoolers
- high chairs
- child-size table and chairs or booster seats for preschoolers
- stroller or carriage, sled or toboggan
- change table
- sturdy, non-porous potty chair with removable pot for disposal
- baby monitor
- sturdy step-stool for children to reach the sink for hand-washing and teeth-brushing
- facecloth, towel, toothbrush, and hairbrush or comb for each child
- unbreakable cups, dishes and bowls
- child-sized furniture
- soft, child-sized furnishings (ex: floor cushions, rocker, padded high chair)

Family child care homes are ***strongly encouraged*** to use acceptable cribs as opposed to playpens.

Furniture does not crowd space used for play or daily routines.

Bookcases and TV units, are securely fastened to prevent tipping.



# PLAY EQUIPMENT

## Regulations

- 28(2) Every licensee shall provide a variety of play equipment and materials for the use of children in attendance at the family child care home which is
- (a) consistent with the developmental capabilities of children involved;
  - (b) in compliance with the requirements of the *Hazardous Products Act* (Canada);
  - (c) of a size which permits safe and independent use by children; and
  - (d) in a quantity to occupy all children in attendance.

## Guidelines

The *Hazardous Products Act* (Canada) states all play materials must be safe at the time of manufacture, sale or advertisement. Child care providers must ensure that the condition of all play materials is safe while in use (ex: remove broken equipment).

### Learn more

For information on the *Hazardous Products Act* (Canada) go to:

- [www.laws-lois.justice.gc.ca/eng/acts/H-3/](http://www.laws-lois.justice.gc.ca/eng/acts/H-3/)
- [www.hc-sc.gc.ca/ahc-asc/legislation/reg/index-eng.php](http://www.hc-sc.gc.ca/ahc-asc/legislation/reg/index-eng.php)

For details on outdoor equipment safety, see Canadian Standards Association's *Children's Playspaces*. Copies are available at your local library or at [www.csa.ca](http://www.csa.ca).



Providers must select play equipment based on the following criteria:

- safety for ages and abilities of the children
- play value
- learning value
- cultural sensitivity
- durability
- comfort
- versatility
- easy cleaning
- appeal to children
- natural materials
- developmental levels

Providers must clean and sanitize equipment regularly and infant toys are disinfected daily after use. Damaged items are removed.

*The Highway Traffic Act* states that everyone under the age of 18 is required to wear a bike helmet when cycling, riding as a passenger or being pulled by a bike. The law applies to two-wheeled bicycles, tricycles and any other pedal-powered wheeled transportation that a child might ride.

Child care providers must ensure that children wear a properly fitted and fastened protective helmet when they are using any type of bike or riding toy with pedals. If the provider uses a bike with a child seat or bike trailer, children must wear a helmet. Bike helmets are required when children are riding on the property of the child care home as well as in any public space such as a sidewalk, park or roadway.

Use this easy “**2-V-1**” rule as a technique when putting on a child’s helmet:

- with the helmet sitting level on the child’s head, there should be no more than **2** (two) fingers between the eyebrows and the bottom of the helmet
- the side straps should form a **V** shape just below the ears
- adjust the chin strap so only **1** (one) finger fits between the chin and the strap

The use of trampolines is strongly discouraged due to a high risk of injury. If used, the provider must:

- limit use to one child at a time
- not allow children under the age of six on it
- make sure it has a safety net
- supervise the children on it at all times
- get written permission from parents

See “It’s Your Health – Trampoline Safety” on Health Canada’s website for information on health risks and minimizing the risk at [www.hc-sc.gc.ca/hl-vs/iyh-vsv/prod/trampoline-eng.php](http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/prod/trampoline-eng.php).

## Best Practices

Play materials are accessible by the children, varied and displayed for easy selection.

Toys and equipment intended for older children are kept out of reach of infants and younger preschoolers.

Equipment providing different levels of skills or abilities is available in each play area.

Equipment and materials are neatly stored in containers or on shelves. Labels have both words and pictures.

New materials for free play, based on children’s interests, are added or rotated regularly. Duplicates of favourite toys are provided.

Outdoor equipment provides unique experiences in sensation, discovery and mobility, reflecting the larger world and providing opportunities for age-appropriate risk-taking.

### Equipment Suggestions

Proper equipment creates an environment where children:

- are able to explore freely and safely
- can exercise independent choices
- have opportunities to use materials in unique ways

For more information on equipment, contact your child care co-ordinator or go to [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click ‘Publications’ for the following resource:

- *Materials/Equipment List for Family and Group Child Care Homes*





# Emergency Procedures



# SAFETY PLANS

## Regulations

22.1.1(1) Every licensee shall comply with the family child care home's

(b) safety plan

22.1.1(2) With respect to persons who

(a) work with children with additional support needs; or

(b) are substitutes, as referred to in subsection 24(2);

a licensee shall ensure that they

(c) are instructed as to the requirements set out in the code of conduct and safety plan when they are first employed and annually afterwards; and

(d) comply with the code of conduct and safety plan.

22.1.1(4) On request, a licensee shall provide a copy of the safety plan to a parent or guardian of a child enrolled in the family child care home.

22.1.1(5) Every licensee shall ensure that, as part of the safety plan for controlling visitor access, entry to the family child care home is locked and monitored during operating hours.

## Guidelines

*The Child Care Safety Charter*, the first comprehensive legislation of its kind in Canada, came into force in May 2010. The act states that all child care facilities must have a written, comprehensive safety plan and procedures in place and that it be reviewed annually.

### About *The Child Care Safety Charter*

This legislation requires child care facilities to develop enhanced safety plans and codes of conduct for:

- controlling visitor access to the facility
- ensuring safe indoor and outdoor spaces
- dealing with bomb threats, fires, chemical spills, weather and health emergencies, including the needs of children with anaphylaxis
- responding to threatening behaviour



### Learn more



For details on writing a safety plan, see Manitoba Early Learning and Child Care's *Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Homes* at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications or contact your child care co-ordinator.



# EMERGENCY NUMBERS AND PROCEDURES

## Regulations

**32(1)** Every licensee shall post emergency telephone numbers and procedures in a prominent place in a licensee's family child care home.

## Guidelines

These phone numbers must be posted in every family child care home:

- fire department (emergency and non-emergency numbers)
- police department (emergency and non-emergency numbers)
- nearest hospital (including address)
- nearest ambulance service
- nearest poison control centre
- taxi

Emergency evacuation procedures include:


- taking the daily attendance report, emergency child information records and first aid kit from the building
- identifying a designated place of shelter away from the home
- taking the key for the shelter if it needs one

Your child care co-ordinator will help you write and review your emergency plan and procedures. For details, see **Section I1 – Safety Plans**.



## Best Practices

All adults including substitutes, family members and volunteers are familiar with the emergency procedures and the location of emergency information records for children.



Providers have a crisis response plan that covers violent acts, dangerous trespassers and dealing with loss. The plan highlights safety and security procedures.

Providers have emergency procedures for situations where children may remain in their care for an extended period, (ex: during a blizzard). The plan includes how children's needs (ex: feeding, medication) would be met. Plans for children with specific medical needs are also included.

Providers keep current information cards about the children, including name, address, date of birth, health information and emergency contact information. They are kept in the first aid kit and taken on all outings.

Emergency numbers include the name and phone number for your child care co-ordinator, as well as the phone number and address of the designated place of shelter.

Providers get information from the local fire authority on procedures for home fire drills and other fire safety resources.

# FIRE EXTINGUISHERS

## Regulations

- 32(2) A minimum of one dry chemical fire extinguisher as approved by the fire authority shall be installed and maintained by the licensee in any area adjacent to the kitchen in the family child care home.
- 32(3) Every licensee shall demonstrate to the director upon request
  - (a) the licensee's knowledge of the operation of the fire extinguisher in the family child care home; and
  - (b) orderly evacuation procedures.

## Guidelines

The fire extinguisher must be checked monthly when providers do their monthly emergency evacuation drills to ensure the pin and tag are in place and the arrow is in the green (charged) location on the dial.

An annual inspection of the extinguisher is required by a qualified inspector when the extinguisher is re-sensitized or replaced if needed.

Fire extinguishers must be at least equivalent to what are commonly called "five pound extinguishers." **Note:** Two, 2.5 pound (1.1 kilogram) extinguishers **do not replace** a five pound (2.2 kilogram) extinguisher.

## Best Practices

Providers take training on how to use the fire extinguisher, every two years.

Providers have a PASS (pull, aim, squeeze, sweep) poster on using the fire extinguisher near the extinguisher as a visible reminder of the four steps in using it:

1. **P**ull pin.
2. **A**im nozzle.
3. **S**queeze handle.
4. **S**weep nozzle.



# SMOKE AND CARBON MONOXIDE DETECTORS

## Regulations

**32(4)** Every licensee shall install and maintain a minimum of one U.L.C.-approved smoke detector for each level in the family child care home and a carbon monoxide detector.

## Guidelines

Every smoke detector and carbon monoxide detector must be maintained in good working order for emergencies.

Smoke and carbon monoxide detectors must be checked monthly to ensure proper functioning.

Batteries must be replaced annually or as required.

Faulty detectors must be immediately replaced.

## Best Practices

Smoke detectors, carbon monoxide detectors and heat detectors are wired and monitored by a central alarm company.

Providers ensure wired detectors have battery back-up.





# EVACUATION DRILLS

## Regulations

**32(5)** Every licensee shall practise emergency evacuation procedures at least once a month for all children in attendance at the licensee's family child care home and shall keep records indicating the date and time of each drill and the names of children evacuated.

## Guidelines

As part of the Safety Plan, providers must develop a plan to evacuate children that includes evacuation while children are sleeping.

Evacuations must be practised:

- during different times of the day
- from different rooms and areas of the home
- during all types of activities, including snacks, meals and naps
- from different levels of the home if more than one level is used, including times when children may be on more than one level of the home at the same time

If children with additional support needs are enrolled, emergency procedures should include specific guidelines for escorting the children to safety.

Written reports about drills must be kept on file for at least one year from the date of each drill.

## Best Practices

Providers teach children to evacuate independently in case the need arises.

Activities are designed to teach children fire safety without alarming them (ex: dramatic play).

One evacuation drill per year is to the designated place of shelter away from the home. In addition, one evacuation drill per year is to the shelter-in-place inside the house.

### Learn more



For details on safety plans, see Manitoba Early Learning and Child Care's *Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Homes*. Go to [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications' or contact your child care co-ordinator for a copy.





Health and Safety

# DAILY RECORD OF INCIDENTS

## Regulations

25(3) Every licensee shall maintain a written record of each incident which affects the health, safety or well-being of a child.

## Guidelines

Providers must keep daily incident reports. The reports must be documented and stored for confidentiality. Parents must have access to their children's records upon request.

### Daily incident reports

Daily incident reports provide communication between the provider and parents. Daily events, such as a child expressing concern about a dispute in the home or exceptional events such as injuries, outbreak of an illness or communicable disease, changes in food from the posted menu and relevant phone messages concerning a child, should be recorded and communicated to parents daily.



## Best Practices

In addition to reporting incidents of concern to parents, providers observe children daily and report any issues, achievements or developmental milestones to parents.

Providers encourage two-way communication with parents – verbal and written – so everyone has current information about children's daily progress.

An individual record of a child's learning and well-being may be used by the provider to plan programs based on the child's needs.



# NO SMOKING POLICY

## Regulations

- 25(1) Every licensee shall designate indoor space to be used by children  
(b) where smoking is not allowed during the hours of operation of the family child care home.

## Guidelines

*The Non-Smokers Health Protection Act* states smoking is not permitted in any part of the child care home during the home's hours of operation.

Smoking is not permitted outdoors in the presence of the children in care.

## Best Practices

A smoke-free environment is kept within the home at all times. Smoking is not permitted inside the physical space of the home to ensure the children aren't exposed to second-hand smoke.

Providers give families information about the dangers of second-hand smoke to children's health.

## Learn more

For more information on second-hand smoke, go to

- Physicians for a Smoke-Free Canada  
[www.smoke-free.ca](http://www.smoke-free.ca)
- Health Canada – Second-Hand Smoke  
[www.hc-sc.gc.ca/hc-ps/tobac-tabac/second/index-eng.php](http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/second/index-eng.php)





# DIAPERING

## Regulations

**29(5)** Every licensee shall

- (a) follow diapering procedures as provided by the director; and
- (b) store and dispose of soiled diapers in a manner acceptable to the health authority.

## Guidelines

The area for changing diapers must be separate from the food preparation area and must have easy access to soap and water. The surfaces must be kept clean and sanitary at all times.

Diaper changing pads must be smooth, non-absorbent, free of cracks and tears, and easily cleanable with a sanitizer. Check with the local public health office for advice on using a sanitizing agent. A bleach solution is usually recommended.

To reduce disease-causing organisms throughout the home, this procedure must be followed:

1. Wash hands and gather supplies following handwashing procedure.
2. Place disposable paper onto table.
3. Lay child onto table. NEVER leave child unattended. Put on gloves.
4. Unfasten diaper, wipe child front to back, using each wipe once.
5. Put soiled diaper and wipes in garbage. Remove gloves and discard.
6. Diaper and dress the child.
7. Wash child's and your hands. (Follow handwashing procedure.)
8. Return the child to a supervised care area.
9. If clothes are soiled place in plastic bag to send home with child.
10. Place disposable paper in garbage and sanitize table surface with bleach solution. (Follow sanitizing procedure.)
11. Wash your hands. (Follow handwashing procedure.)



### Learn more

For details on sanitizing and infection control, see Manitoba Early Learning and Child Care's *Infection Control Guidelines for Early Learning and Child Care (2007)* at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications' or contact your child care co-ordinator.



## Best Practices

Providers post the diaper changing procedure above the change area so everyone can use it.

Providers use this time for some individual interaction with the child. Providers talk to the child about what they are doing and what will happen next. When the child is developmentally ready, providers have the child participate (ex: hold the diaper).

Providers approach each child gently and respectfully and use this time as a teachable moment. The change area is kept clear of toys and other distractions so the focus can be on communication with the child.

### Diaper changing

For useful posters on changing diapers and handwashing, go to [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications' or contact your child care co-ordinator.



# TOILETING

## Regulations

26(1) Every licensee shall

- (a) provide a daily program for children in attendance at a family child care home which
  - (iii) takes into account the developmental capabilities of the children, including sleeping and toileting practices for each child

## Guidelines

Diapering and toilet facilities must be cleaned regularly and sanitary conditions must be maintained.

Potties must be located in the bathroom away from food preparation areas, and must be sanitized after each use.

Providers are flexible with toilet routines to meet the needs of each child.

Providers and children wash hands thoroughly according to handwashing procedures.

## Best Practices

Providers work with parents to toilet train the child.

Providers watch for indications that a child is ready and discuss a plan with the parents.

Providers offer parents information about best practices for toilet training.

The time children are using the toilet is used to talk to and connect with the child.

Providers handle toilet-related accidents calmly and pleasantly.



# SLEEPING

## Regulations

**26(1)** Every licensee shall

- (a) provide a daily program for children in attendance at a family child care home which
  - (iii) takes into account the developmental capabilities of the children, including sleeping and toileting practices for each child

**28(1)** Every licensee shall provide in the family child care home

- (c) a separate sleeping accommodation which is safe and sanitary for each child from 18 months to six years of age in attendance;
- (e) sanitary coverings for each child while resting or sleeping;

## Guidelines

Children should be given the opportunity to sleep each day, if requested, but providers cannot apply a uniform nap routine for all children. Providers must ask parents whether their child needs sleep daily.

Children who aren't asleep after 30 minutes must be allowed to get up and play quietly.

Children must have the opportunity to get up immediately after naps.

Children under two are not allowed to sleep on waterbeds and children under six are not allowed to sleep on the upper level of bunk beds.

Cribs and playpens may only be used for children who can't climb out of a crib or playpen alone. Children who can climb out must use mats, cots or beds.

Whenever possible, providers should directly supervise nap time for all children. However, at minimum:

- infants must be directly visually checked every ten minutes to ensure that they are not in distress, whether they are in playpens or cribs.
- additionally, providers using playpens (rather than cribs) as sleep surfaces must have an acceptable supervision plan/practice in place that enables them to attend to sleeping infants.

Possible strategies that family child care providers can employ if playpens are being used as sleep surfaces include:



- Always being on the same floor as napping children
- Keeping the door to the nap room open at all times
- Regularly conducting direct visual checks on napping children
- Having the sleeping infants nap in the same room as the other children at play

Providers are encouraged to work with their child care co-ordinator to come up with an acceptable plan for nap time supervision.

Monitors can be used to **supplement** supervision.

Sleep coverings must include top covers and a sheet as a bottom cover.

A child may sleep on another person's bed only if the original bedding is completely covered with a sheet or other covering that is used only by that child.

Bedding must be washed weekly (or more often, if required). Playpens and mats must be cleaned and sanitized weekly, or more frequently as required.

For overnight care, a crib or bed must be provided for each child.

### Learn more

See **Section E4 – Indirect Supervision** for details on indirect supervision and nap times.



## Best Practices

Infant and toddler routines revolve around the children's personal schedules (ex: naps and infant feeding).

### Learn more

See **Section H3 – Equipment and Furnishings** for details on sleeping furnishings.



# INFANT SLEEP POSITIONS

## Regulations

26(1.1) Every licensee caring for an infant shall ensure that the infant is laid down to sleep only on his or her back.

## Guidelines

Some babies may have to sleep on their stomachs because of special health needs. Providers must get documentation from the doctor that indicates that another position is required and keep this information in the child's records.

### Sudden Infant Death Syndrome



Research shows a baby's sleeping positions may be a factor in sudden infant death syndrome (SIDS). It occurs less often in countries where infants traditionally sleep on their backs. Laying babies on their sides does not seem as effective in preventing SIDS.

Over 90 per cent of all SIDS cases occur in infants under six months of age. Researchers and health care providers advise that infants under six months should be placed on their backs to sleep.

## Best Practices

Providers give parents information about safe sleeping positions and explain their responsibility under this regulation.



# STORING HAZARDOUS SUBSTANCES

## Regulations

**29(1)** Every licensee shall label and store all poisonous and inflammable substances in a designated area, that is locked and inaccessible to children in attendance at the family child care home.

## Guidelines

All hazardous substances must be locked and kept up high so children cannot get to them by reaching, climbing or using stools or other climbing devices.

Products that do not have a poisonous or flammable label, but may cause injury or illness to a child (ex: vitamins, shampoo, etc.), must be stored so children cannot get to them.

Poisonous and flammable substances kept in garages and sheds must also be stored so children cannot get to them.

“Inflammable” and “flammable” mean the same thing. These substances are easy to ignite and burn quickly.



The Poison Hotline: Provides immediate assessment and treatment advice during poison emergencies, 24 hours a day. In a poison emergency, call 204-787-2591 in Winnipeg. Outside Winnipeg, call 911.







# PERSONAL PROPERTY

## Regulations

29(2) Every licensee shall ensure that clothing, bedding and grooming materials are not exchanged among children in attendance at the family child care home and that these items comply with applicable safety legislation or standards, as determined by the director.

## Guidelines

Children's clothing must be stored separately – on a hanger in a closet or on a separate hook.

If providers have a box of spare clothing for the children, the clothing must be washed after each use.

Mats and cots must be:

- easy to clean
- labelled with each child's name
- wiped down with a sanitizer weekly, or more frequently as required
- stored separately so the bottom is not touching the bedding of another mat or cot

Toothbrushes and combs must be clearly labelled with a child's name and are stored individually so that there is never any contact with another child's item. Toothbrushes must have covers that allow air drying.

Blankets and other bedding must be washed weekly (or more often, if required). If bedding is soiled, it must be washed immediately.

All washcloths and hand towels must be laundered daily.

## Best Practices

All children have their own labelled spaces or containers to keep their belongings in.

Bedding and clothing provided by parents is durable, easily laundered and bleachable in the wash.

Providers have a supply of washcloths and towels so children don't have to share them and clean ones are available for each use.



# ANIMALS

## Regulations

- 29(3) Every licensee who keeps animals in a family child care home shall**
- (a) provide evidence that the animals have had all vaccinations as required by the health authority; and**
  - (b) keep the animals in a manner acceptable to the health authority.**

## Guidelines

Providers must ensure all safety measures are in place if children are to interact with pets. Interactions with pets must be limited and carefully supervised.

Common pets (domesticated dogs, cats, hamsters, guinea pigs, gerbils, mice, rats, tropical fish and small birds such as budgies, canaries, finches and lovebirds) may be kept in a family child care home as long as public health guidelines are followed.

If providers have cats or dogs in their home, they must keep records of vaccinations required by the health authority on file.

Providers must ensure their pets are de-wormed and free of ticks and fleas.

All pets must be kept away from all food preparation and eating surfaces.

Pets must have suitable living quarters that are sanitary, well ventilated, clean and free from offensive odours. Their living quarters must be cleaned regularly and linings (newspaper, etc.) disposed of in plastic bags, tied and placed in metal containers. Rubber gloves must always be worn when reaching inside cages.

All children and adults must wash their hands according to handwashing procedures immediately after handling animals in the family child care home.

Cat and dog waste must be scooped up and removed from all outside play areas daily, before children use the area.

Some birds (pigeons, parrots, parakeets, cockatiels and other exotic birds) may have psittacosis, a common bird infection and a health risk to those who have weakened immune systems. Because tests for the bacteria are unreliable, these birds are not allowed.

If providers keep allowable birds in the home:

- birds must be caged and not permitted to fly freely
- bird cages must be cleaned daily to reduce odour, bird dust and loose feathers
- gloves must be worn when reaching inside the cage
- strict handwashing procedures must be followed

Exotic animals (including reptiles and poisonous animals) are prohibited in a child care home. These pets pose the risk of communicable diseases, bites, scratches or allergies. Contact your child care co-ordinator for additional information.

## **Best Practices**

Providers know that bringing children and animals together has risks and benefits.

If children do not have pets at home, providers watch for any signs of allergies.

Fish tanks are covered to discourage children from putting their hands into them.

Guards are used under bird cages to help prevent the spread of dust and droppings.

Providers consider the personality, temperament and tolerance levels of both the animal and the children when allowing contact between them. Any contact is closely monitored.

# FIRST AID KIT

## Regulations

**29(6)** Every licensee shall provide and maintain a first aid kit in a location in the licensee's family child care home which is inaccessible to children and which conforms with the guidelines provided by the director.

## Guidelines

First aid kits must include the following or suitable alternatives:

- individually packaged gauze pads (5 x 5 centimetres, 10 x 20 centimetres)
- roll of gauze bandage (5 centimetres)
- band-aids (assorted sizes)
- tape (hypo-allergenic)
- alcohol wipes
- triangular bandages
- scissors
- disposable gloves
- tweezers
- safety pins
- pencil and pad
- emergency telephone numbers (See **Section 12 – Emergency Numbers and Procedures**)
- money for an emergency phone call

The following supplies may also be included:

- a barrier to be used in resuscitation
- distilled water (recommended for outings)
- blanket (recommended for outings)

Supplies must be checked regularly, replenished and changed when required.

## Best Practices

The kit is always in the same, easy-to-find location and out of reach of the children.



# FIRST AID KIT FOR OUTINGS

## Regulations

29(6.1) Every licensee shall take a first aid kit, which meets the requirements in subsection (6), on children's outings away from the licensee's child care home.

## Guidelines

First aid supplies or kit must be taken when children go on outings outside the family child care home or whenever the children go to an area not next to the home.

### Emergency Numbers

Children's emergency information and phone numbers (see **Section I2 – Emergency Numbers and Procedures**) must be included with all the items listed in **Section J10 – First Aid Kits**.



## Best Practices

A copy of current information records for every child (plus the provider and substitutes) is kept in the portable first aid kit to be taken on all outings. These records include: name, address, date of birth, health information, emergency contact name and information.

The emergency numbers list includes the name and phone number for the child care co-ordinator and the emergency shelter phone number and address.

A first aid kit and children's emergency information is taken outdoors during playtime in the provider's yard.





# WATER SAFETY

## Guidelines

Guidelines for supervision of children during water-related activities are as follows:

### Water activities at the provider's home

Providers must ensure:

- they have unobstructed visual contact with the children and are within arm's length distance of them at all times
- wading pools containing water are not be left unattended and are filled and emptied only at the time of use
- hot tubs have locked covers and are not accessible to children

Use of a provider's own in-ground or above-ground swimming pool is discouraged. However, if used, these guidelines must be strictly followed:

- There must be one adult for every child in the pool or around the pool at all times.
- Natural or other hazards must be assessed.
- Direct supervision of children within arm's length distance and within an unobstructed view must be provided.
- Written permission from parents must be given.

### Water activities outside of the provider's home

Written parental approval must be obtained when children are to participate in water activities.

Providers must ensure proper supervision of water activities outside the home (ex: beach, swimming pool, water parks, wading pools).

All rules and regulations for the site, including the supervisory guidelines for wading pools (set by the Community Development and Recreation Services Division in the City of Winnipeg) must be followed. For sites outside of the City of Winnipeg, contact your local municipal recreation department for guidelines.

The following adult to child ratios must be maintained and a qualified lifeguard must be on duty, according to the following City of Winnipeg guidelines:

- one adult to one child, for infants up to one year old
- one adult to two children, for two-to-three year olds
- one adult to five children, for four-to-five year olds
- one adult to eight children, for six-to-nine year olds
- one adult to 12 children, for 10-to-12 year olds

### Learn more



For more on regulations, guidelines and best practices, go to:

- **Section G5 – Outings**
- **Section H2 – Outdoor Play Space**
- **Section J11 – First Aid Kit for Outings**
- **Section J20 – Transportation**

### Best Practices

Providers offer a variety of other forms of water (ex: raised water tables, sprinklers, soaker hoses, watering cans), rather than the use of wading and swimming pools.

Clear, age-appropriate rules are discussed with the children before every water activity.

### Learn more



For more water safety information, visit the following websites:

- Health Canada Swimming Pool Safety  
[www.hc-sc.gc.ca/cps-spc/pubs/cons/pools-piscine\\_e.html](http://www.hc-sc.gc.ca/cps-spc/pubs/cons/pools-piscine_e.html)
- Canadian Red Cross Swimming and Water Safety  
[www.redcross.ca/english/watersafety/](http://www.redcross.ca/english/watersafety/)
- Safe Kids Canada – Drowning Prevention and Pool Safety Tips  
[www.safekidscanada.ca](http://www.safekidscanada.ca)
- Canadian Paediatric Society, Water Safety for Young Children  
[www.caringforkids.cps.ca/handouts/water\\_safety](http://www.caringforkids.cps.ca/handouts/water_safety)
- Canadian Child Care Federation, Water Safety  
[www.cccf-fcsge.ca](http://www.cccf-fcsge.ca)

# SUN SAFETY

## Guidelines

Providers may not use combination sunscreen-insect repellent lotions on children.

Parental permission must be granted for the application of sunscreen or insect repellent on children.

## Best Practices

With parents' permission, providers apply sunscreen with at least a 15 protection factor to children when they go out in the sun. It is applied at least 20 minutes before mosquito repellent to prevent over-absorption of DEET.

Children wear sun hats to protect them from ultraviolet rays.

Providers wear appropriate outdoor clothing to role model for the children.

These sun protection guidelines are provided by Environment Canada:

UV Index	Category	Sun Protection Actions
0 – 2	Low	Minimal protection needed if outside for less than one hour. Wear sunglasses on bright days.
3 – 5	Moderate	Cover up, wear a hat, sunglasses and sunscreen if outside for 30 minutes or more.
6 – 7	High	Protection is required. Reduce time in the sun between 11:00 a.m. and 4:00 p.m. and seek shade, cover up, wear a hat, sunglasses and sunscreen.
8 – 10	Very High	Take full precautions (see “high” category) and avoid the sun between 11:00 a.m. and 4:00 p.m.
11+	Extreme	Very rare in Canada. Take full precautions and avoid the sun between 11:00 a.m. and 4:00 p.m. Unprotected skin will be damaged and can burn in minutes.
Proper sun protection includes wearing a broad-rimmed hat, a shirt with long sleeves and wrap-around sunglasses or ones with side shields. Choose sunscreen with 15+ SPF (sun protection factor) that offers protection against both UV-A and UV-B rays. Apply generously before going outside and reapply often, especially after swimming or exercise.		

### **Learn more**

Find out more about the UV Index and sun protection at:

Environment Canada  
[www.ec.gc.ca/UV](http://www.ec.gc.ca/UV)



# WEST NILE VIRUS

## Guidelines

Providers may not use combination sunscreen-insect repellent lotions on children.

### Best Practices

During summer, providers encourage light-coloured, loose-fitting, long-sleeved tops and long pants for children when they go outside. Peak hours of mosquito activity are avoided for outdoor play.

With parents' permission, providers follow Health Canada's recommendations about the use of mosquito repellent:

- For children **under six months old**, insect repellents containing DEET are NOT used.
- For children **six months to two years old**, where there is a high risk of insect bites, one application per day of a product with the lowest concentration of DEET (10 per cent DEET or less) is applied sparingly, avoiding the child's face and hands.
- For children **between two and 12 years old**, use the least concentrated product (10 per cent DEET or less) not more than three times a day, avoiding the child's face and hands.
- For adults and children **12 years and older**, products containing no more than a 30 per cent concentration of DEET will provide about six hours of protection against bites.

Sunscreen is applied at least 20 minutes before mosquito repellent to prevent over-absorption of DEET.

### Learn more

For more about protecting against West Nile Virus go to:

Manitoba Health

[www.manitoba.ca/health/wnv](http://www.manitoba.ca/health/wnv)





# MEDICATION

## Regulations

- 29(7) Every licensee who agrees to administer patent or prescribed medicine to a child in attendance at the licensee's child care home shall
- (a) obtain prior written permission from the child's parent or guardian;
  - (b) keep a written record of each dose, including the child's name, the parent's or guardian's signature, date, time and amount of the dose administered and shall initial the record after the dose is administered;
  - (c) accept only medicine brought to the family child care home by the parent or guardian, and which is supplied in the original container in the case of a patent medicine, or in a container supplied for the purpose by a pharmacist in the case of prescribed medicine; and
  - (d) ensure that the medicine is labelled with the child's name, expiry date, dosage, time and method of administration and is stored in a location which is inaccessible to children.

## Guidelines

Medication must be stored where children cannot get to it, including locked cupboards, cabinets or containers. Medications requiring refrigeration must be stored in a refrigerator inside a locked container that is leak proof and clearly labelled Medication Storage.

Providers must keep and sign a written record of each time medication is given.

Parents must give medication directly to the provider. Parents should not put medication inside children's belongings accessible to the children (ex: diaper bags, backpacks, lunches).

Medications for providers or their families, including vitamins, must also be stored so children cannot get them.

## Best Practices

Wherever practical, providers give medication to a child as it is prescribed, rather than requiring parents to return to the child care home to administer it during the child's hours in care.





# ANAPHYLAXIS

## Guidelines

Providers must have a clear plan for responding to an anaphylactic emergency as part of their safety plan, required under *The Child Care Safety Charter*.

### Learn more



For more information about developing a plan, go to [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications', or contact your child care co-ordinator for copies of:

- *Caring for Children with Anaphylaxis in a Child Care Program*
- *Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Group Homes – **Section F – Anaphylaxis***



# COMMUNICABLE DISEASES

## Regulations

- 29(8) When a licensee is aware that a child attending the licensee's family child care home has contracted a communicable disease, the licensee shall
- (a) promptly notify the parent, guardian or physician of the child; and
  - (b) notify the health authority according to guidelines provided by the health authority.

## Best Practices

Good health habits are followed at all times and include proper:

- handwashing
- diaper changing
- food handling
- sanitizing
- exclusion policies for children who have communicable diseases (policies must be consistent with recommendations from the proper health authority)

Providers know who the public health nurse is for the area and how to contact the nurse for help and resources.

## Useful publications

For more information on disease control go to [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications;' or contact your child care co-ordinator for copies of:

- *Pandemic Influenza: A Guide to Pandemic Preparedness Planning for Early Learning and Child Care Facilities*
- *Infection Control Guidelines for Early Learning and Child Care*
- *Healthy Practices Poster Series*
- *Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Homes – Section E (Health-Related Emergencies)*



### Learn more

For information on disease outbreaks see *Well Beings: A Guide to Health in Child Care*.

For copies, go to [www.web.cps.ca/english/publications/bookstore/WellBeings.htm](http://www.web.cps.ca/english/publications/bookstore/WellBeings.htm).



# ILLNESS

## Regulations

29(10) A licensee shall not permit a child suffering from a communicable disease or acute illness to attend the licensee's family child care home during any period prescribed by the health authority for non-attendance.

## Guidelines

If providers or their own children have a communicable disease, the provider must consult with the public health nurse. They then must notify their child care co-ordinator and children's parents about the public health nurse's ruling on whether the home must be closed or if care can continue.

## Best Practices

Providers develop exclusion policies based on information provided in *Well Beings: A Guide to Health in Child Care*.

## Learn more

For a copy of *Well Beings: A Guide to Health in Child Care*, go to the Canadian Paediatric Society's website at [www.web.cps.ca/english/publications/bookstore/WellBeings.htm](http://www.web.cps.ca/english/publications/bookstore/WellBeings.htm)



Providers include their exclusion policies in the manual they give parents and discuss at time of enrolment.

## Posters

Manitoba Early Learning and Child Care's *Healthy Practices Poster Series* and *Infection Control Guidelines for Early Learning and Child Care* are available from your child care co-ordinator or online at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications.'





# SERIOUS INJURY

## Regulations

**29(9)** Every licensee shall notify the parents or guardians immediately and the director within 24 hours of the occurrence of a serious injury to any child in attendance at the licensee's family child care home.

## Guidelines

When a child has an injury that needs medical attention (whether sought by the provider or the parents), it must be reported to the parents immediately. Manitoba Early Learning and Child Care must be notified within 24 hours of the incident.

Providers must notify Manitoba Early Learning and Child Care of the serious injury by phone, through their child care co-ordinator or through Child Care Online at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare). Providers must indicate the type and seriousness of the injury, name of the injured child, circumstances causing injury and any medical treatment given.

Providers must also report other unusual incidents to their child care co-ordinator and other authorities, as required. These include:

- any time a child becomes lost while in care
- any allegations of corporal punishment, physical, verbal or emotional abuse, isolation or denial of necessities while a child is in care
- inappropriate sexual or physical play
- the death of a child

The provider must give parents a written report and keep a copy in the child's file. The provider must discuss the incident and report with the parents.

## Best Practices

Immediately after an incident, the provider takes steps to ensure similar injuries do not happen. Providers are registered users of Child Care Online and promptly report all serious injuries using the online application.





# TRANSPORTATION

## Regulations

23(4.1) Every licensee shall develop a policy concerning the transportation of children which

- (a) identifies the responsibilities of parents or guardians, and responsibilities of the licensee; and
- (b) is provided to parents or guardians upon enrollment of their child in the family child care home.

## Guidelines

Providers must develop a policy that explains the point at which the provider takes responsibility for the child from the parent. For example, the provider assumes responsibility for the child after the child is signed in each day and is no longer responsible after the child is signed out.

The transportation policy must indicate the way children are supervised while walking to and from school and/or waiting for the school or transit bus to arrive.

If providers transport children in their vehicles, the transportation policy must include the safety requirements, including that:

- seat belts, child car seats, booster seats, other restraints and required equipment are to be used according to the children(s) ages and weights and that there are enough for all children being transported
- the driver has a valid driver's licence and valid liability insurance (see **Section D8 – Insurance**)
- the vehicle is well-maintained, safe and there is documentation of all service checks
- all children are to be seated in the back seat of the vehicle
- children are never to be left unattended in the vehicle
- windows are to be closed and vehicle doors locked while travelling

If the provider's personal vehicle is used, an initial formal safety check must be done and accurate records of all safety checks and vehicle maintenance must be kept.

## Best Practices

Providers use their vehicles to transport children as little as possible and consider other modes of transportation.

Providers are knowledgeable of liability risks associated with the use of their personal vehicles in transporting children.

Providers talk to parents about child safety issues and set a policy for pick-up and drop-off. For example:

- The child remains with the provider until a designated person picks up the child.
- The provider requires the parent to personally inform her or him of the child's arrival or departure from the home.
- The provider ensures he or she is available to parents at arrival and departure times.
- Children are not released on their own, without parental (or designate) supervision.
- There is a safety plan for children walking to and from school and a plan if the child does not arrive.

# MEDICAL ASSESSMENT

## Regulations

**29(11)** Where the director is satisfied that the physical or mental health of a licensee may be detrimental to the care provided to children therein, the director may request the licensee to provide a recent medical report by a qualified medical practitioner that is dated within three months of the director's request to the director.



# COMMUNITY STANDARDS

## Regulations

- 30 Where the director is satisfied that some requirements respecting the operation of a family child care home are not reasonably applicable in a community due to the prevailing community standards, the director may exempt the licensee of the family child care home from compliance with those requirements.

## Guidelines

This regulation is intended to be used in exceptional circumstances (ex: remote communities where no running water is available). Any exceptions under this regulation must be approved by the director of Manitoba Early Learning and Child Care.

Contact your child care co-ordinator to learn more.





Nutrition



# FEEDING INFANTS

## Regulations

- 31(1) Every licensee shall ensure that where infants are cared for in the licensee's family child care home the infants are
- (a) attended while eating or having a bottle; and
  - (b) held while having a bottle unless they are able to hold the bottle themselves.

## Guidelines

To provide nurturing care, prevent choking and reduce the risk of ear infections, an infant must not be laid down with a bottle propped by a pillow, blanket, etc. Children capable of holding the bottle should be encouraged to do so independently, while being held or while sitting comfortably, within view of the provider.

General recommendations for infant feeding need to be adjusted to fit each infant's development in consultation with parents.



Providers must ensure safe storage of food supplied by parents (ex: once a bottle has been warmed or partly finished, any liquid must be thrown out).

## Best Practices

Nursing mothers are welcomed, encouraged and accommodated to breastfeed their infants. Infants are fed when they are hungry, avoiding strict schedules, unless parents give specific instructions for feeding times.

Providers use infant feeding times for socializing and bonding with children.

Providers contact the community nutritionist in the area for help and resources.

Providers respectfully offer current information and research on nutrition to parents.



# FOOD AND MENUS

## Regulations

- 31(2) Every licensee shall ensure that where meals or snacks are supplied by the licensee to children in attendance at the family child care home
- (a) nutritious foods in accordance with *Canada's Food Guide to Healthy Eating* issued by the Minister of Health (Canada) are served;
  - (b) written menus are
    - (i) prepared in advance,
    - (ii) posted in a conspicuous location for the information of parents and guardians, and
    - (iii) kept on file for a period of one year;
  - (c) only foods of low choking potential are provided, and
  - (d) no foods containing known peanut products are served to children under three years of age.

## Guidelines

Where a meal is provided, providers must follow *Canada's Food Guide to Healthy Eating* and ensure the meals are balanced and have at least:

- one serving of milk products
- one serving of meat and alternatives
- one serving of grain products
- two servings of vegetables and fruit

For a copy of *Canada's Food Guide to Healthy Eating*, go to [www.hc-sc.gc.ca/fn-an/food-guide-aliment/index\\_e.html](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html)



If a snack is provided, it should promote good dental health and include:

- one serving of grain products
- one serving of vegetables and fruit
- either one serving of milk products or one serving of meat and alternatives

Special dietary or feeding arrangements for a child should comply with instructions from the parent.

Providers should stay current on food allergies and potential triggers. The names of children with food allergies and conditions should be posted in a confidential manner within the food preparation area.

Drinking water is available to children at all times.

### Portion Sizes



Portions of food for preschoolers should be about one third to one half the serving size for adults noted in *Canada's Food Guide to Healthy Eating*.

Portions of food for school age children should be about three-quarters to one serving recommended in *Canada's Food Guide to Healthy Eating*. Snacks should be available for school age children before and after school.

### Prevent Choking



Providers can help prevent choking by:

- knowing the child's chewing and swallowing abilities
- avoiding hazardous foods
- supervising while the child eats

The greatest risk of choking is for children under three.

Children should be sitting upright while eating — not lying down, running or laughing.

Food most likely to cause choking are:

- cylindrical (ex: wieners, whole grapes)
- hard food pieces (ex: candy, popcorn, nuts or vegetable pieces)
- very sticky foods (ex: peanut butter not spread on bread)

Wieners and vegetables are safer if cut in narrow, lengthwise pieces.

## Learn more

Guidelines for feeding children are provided in the following resources:



Age	Guideline
Infant	<ul style="list-style-type: none"><li>• <i>Breast Milk – Your Baby's First Food</i></li><li>• <i>Infant Formula with Iron</i></li><li>• <i>Feeding Baby Solid Foods</i></li></ul>
Preschool	<ul style="list-style-type: none"><li>• <i>Canada's Food Guide to Healthy Eating</i></li><li>• <i>How to Build a Healthy Preschooler; The ABC's of Feeding Preschoolers</i></li></ul>
School Age	<ul style="list-style-type: none"><li>• <i>Canada's Food Guide to Healthy Eating</i></li></ul>

These and other resources are available at:

- Province of Manitoba – Healthy Living  
[www.manitoba.ca/healthyliving/nutrition/children.html](http://www.manitoba.ca/healthyliving/nutrition/children.html)
- Canada's Food Guide to Healthy Eating  
[www.hc-sc.gc.ca/fn-an/food-guide-aliment/index\\_e.html](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html)
- Dieticians of Canada  
[www.dieticians.ca](http://www.dieticians.ca)

Providers must not serve food containing known peanut products to children under three years old. Allergy specialists advise that children should not be served peanuts or peanut products because their immune systems are not fully developed and they could develop allergies.

Providers should carefully read food labels to check ingredients.



## Best Practices

Food and drink choices that are provided are low in sugar, fat, salt, nitrates and additives.

Food includes a variety of colours, textures, flavours, sizes, shapes and temperatures.

Providers meet the needs of children and families from other cultures.

Children have access to good drinking water at all times, especially during outdoor play and excursions away from the home. If the water tap is not at a child's height, jugs, bottles or pitchers are used.

Fruit juice is not a substitute for fruit. Preschoolers are restricted to 120 to 180 millilitres (four to six ounces) of fruit juice per day and school age children restricted to 240 to 360 millilitres (eight to 12 ounces) per day.

Children practise feeding themselves and are actively involved in mealtime activities, such as serving food, cleaning up and setting the table. Child-sized utensils and serving dishes are used.

Special feeding instructions for a child comply with any written instructions from a parent and are included in the child's information file.

School children are allowed to bring or eat breakfast before they leave for school when needed or requested by parents.

Providers choose to make the program peanut-free for added safety.

Children are encouraged to follow basic hygiene rules.

Healthy eating habits are promoted and modelled by providers and substitutes.

Providers respectfully offer parents resources to help them make healthy choices where required.

# SNACKS AND MEALS

## Regulations

31(3) Every licensee shall ensure that

- (a) if a child is in attendance during a recognized meal period, a meal is served to the child; and
- (b) if a child is in attendance prior to or after a recognized meal period, a snack is served after approximately three hours of attendance.

## Guidelines

Snacks and meals should satisfy children until the next snack or meal so they have energy to concentrate and play. Providers must supplement children's lunches or snacks if they don't meet *Canada's Food Guide to Healthy Eating* or if a child's food intake for the day does not appear to be adequate.

For a copy of *Canada's Food Guide to Healthy Eating*, go to [www.hc-sc.gc.ca/fn-an/food-guide-aliment/index\\_e.html](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html)




School age children must be offered a snack before and after school. Food portions served for school age children should be about three-quarters to one serving recommended for adults in *Canada's Food Guide to Healthy Eating*.

## Best Practices

Providers know good nutrition is important to the health and development of children.

Providers recognize there will be times when a child may need a meal or snack outside the regularly scheduled times. Meal and snack times are important social times and children are encouraged to participate with the group.

Providers involve children in meal planning, preparation, shopping and gardening.



Providers set a positive example by eating with and talking to the children at snack and mealtimes.

Mealtimes are pleasant, culturally-appropriate occasions and provide an environment for social learning and positive interaction.

Meals are not rushed. Providers encourage children to eat but allow them to decide when they are finished.

Providers encourage children to help themselves and each other.

Providers encourage conversation during mealtimes.

Providers include parents in planning the nutritional needs of the children and respectfully provide them with information and current resources on food and nutrition.

Parents are told when meal and snack times are scheduled. Changes to these usually scheduled times, because of a field trip or other special event, are given to parents in advance so they can adjust their arrival times or feed their child prior to arrival.





Overnight/Extended—  
Hour Care

# AUTHORIZATION FOR OVERNIGHT CARE

## Regulations

**22.2(1) No licensee shall provide overnight care at a family child care home without prior written authorization from the director.**

## Guidelines

Providers who want to offer extended hour or overnight care must contact their child care co-ordinator for information and resources.

A request to provide extended hour or overnight care must be submitted in writing to the child care co-ordinator. The child care co-ordinator will visit the home to ensure the space and equipment to be used for this care meets regulations. Licensing requirements must be met and confirmed by your child care co-ordinator before approval.

The proposal to offer extended hour or overnight care must be approved and all licensing requirements must be met prior to obtaining a licence to provide overnight care.

The basement of a child care home may not be used for naps or sleeping unless it has been inspected and approved by the fire authority. To get this approval, providers must notify their child care co-ordinator. They will forward a request for an inspection of the basement (at the provider's expense) to the fire authority. Until approval is given, providers must not let children nap or sleep in the basement.

## Best Practices

Providers set personal boundaries that allow them to balance the business of providing flexible, quality child care with their own needs and the needs of their own family. Providers take time each day for personal and family needs and protect themselves from burning out.

Parents are consulted about bedtimes, meals, evening activities, etc.



# OVERNIGHT CARE REQUIREMENTS

## Regulations

- 22.2(2) Every licensee providing overnight care at a family child care home shall comply with the requirements of subsections 18(3), (9) and (14) and section 31, with such changes as the circumstances require.
- 18(3) Every licensee caring for children overnight shall ensure that
- (a) all children have separate bedding and sleeping accommodations to meet their individual developmental needs; and
  - (b) school age children have separate rooms for sleeping for males and females.
- 18(9) Every licensee shall ensure that children are grouped to ensure that sleeping children are not disturbed by the arrival and departure of other children.
- 18(14) Every licensee shall ensure that an emergency evacuation plan for the evacuation of sleeping children is developed, practised monthly by staff and posted in the child care centre.

## Guidelines

A separate crib that meets requirements of the *Hazardous Products Act* (Canada) must be provided for each child under 18 months old.

### ***Hazardous Products Act***

For details on the *Hazardous Products Act* (Canada) go to:

- [www.laws-lois.justice.gc.ca/eng/acts/H-3/](http://www.laws-lois.justice.gc.ca/eng/acts/H-3/)
- [www.hc-sc.gc.ca/ahc-asc/legislation/reg/index-eng.php](http://www.hc-sc.gc.ca/ahc-asc/legislation/reg/index-eng.php)



A separate space that is safe and sanitary must be provided for children between 18 months and six years old.

Bedding must have top covers and a sheet as a bottom cover. The bottom cover must completely cover the sleeping surface and be secured in place. Bedding must be laundered weekly (or as needed), and stored in a sanitary manner.

For details on overnight and extended care, see:

- **Section K1 – Feeding Infants**
- **Section K2 – Food and Menus**
- **Section K3 – Snacks and Meals**
- **Section H3 – Equipment and Furnishings**
- **Section I5 – Evacuation Drills**

or contact your child care co-ordinator.



# CARE FOR MORE THAN 18 HOURS

## Regulations

**21.1** No licensee shall provide care for an individual child for a period longer than 18 hours in any 24 hour period, unless prior written approval is given by the director.

## Guidelines

A provider must provide a written request to the director of Manitoba Early Learning and Child Care to get permission to enrol a child for more than 18 hours in any 24 hour period. The request must include an explanation of the family circumstances requiring this length of care. Contact your child care co-ordinator for more information.





Group Child Care Homes



# DEFINITIONS

## Regulations

34 In this Part,

“licensee” means a person licensed to provide or offer child care in a group child care home;

“overnight care” means child care provided in a group child care home between 8:00 p.m. on one day and 6:00 a.m. the following day;

“overnight staff person” means a person who meets the requirements of subsection 35(2.6);

“provide child care” means being physically present with, and directly providing care or supervision to, children in a group child care home;

“resident licensee” means a licensee whose primary place of residence is the group child care home.



# REQUIREMENTS FOR GROUP CHILD CARE HOMES

## Regulations

35(7) Every licensee shall comply with the requirements of sections 23 to 32 with such changes as the circumstances require.

## Guidelines

In addition to this section of the manual, the **guidelines** and **best practice** in the following sections also apply to group child care homes:

- C Provider Qualifications and Training
- D Administration
- E Supervision
- F Behaviour and Guidance
- G Program and Activities
- H Space and Equipment
- I Emergency Procedures
- J Health and Safety
- K Nutrition



# NUMBER OF LICENSEES

## Regulations

- 35(1)** An application for a licence to provide or offer child care in a group child care home shall be submitted by at least two persons.
- 35(1.1)** A group child care home licence shall be held by no fewer than two and no more than four licensees.
- 35(2.3)** A person may apply to be added as a licensee to an existing group child care home licence if
- (a)** the person's application includes the information and documentation required under clauses (2) (h), (h.1), (i), (k) and (m); and
  - (b)** at the time of application, the group child care home licence is not held by the maximum number of licensees as set out in subsection (1.1).

## Guidelines

Anyone applying to become a group child care licensee must meet the requirements for personal references, personal assessment, investigation authorizations, and be 18 years of age or over.

Only people who are licensed to provide care in the home are allowed to care for children during the day. For overnight care, one licensee and one staff are allowed to provide care.



# PERSONAL REFERENCES

## Regulations

- 35(2) An application for a licence to operate and maintain a group child care home shall include the following:
- (h) two personal references for each of the applicants, commenting upon their ability to care for children;
  - (h.1) where requested by the director, evidence that each applicant is an adult;

## Guidelines

Personal reference forms are provided. References should be people who know the applicant's ability to care for children. References cannot be related to the applicant.

Child care co-ordinators can ask applicants to provide legal identification to prove they are over 18 years old.





# PERSONAL ASSESSMENT

## Regulations

- 35(2) An application for a licence to operate and maintain a group child care home shall include the following:
- (i) personal assessments of each applicant completed by a person or persons authorized by the director, and, where requested by the director a written commitment by the applicants to participate in continuing education in any of the competency areas set out in the guidelines provided by the director;

## Guidelines

Assessments are completed by the child care co-ordinator following the same guidelines as for family child care providers. See **Section C1 – Personal Assessment**.

Manitoba Early Learning and Child Care provides training grants for early childhood educator courses. See **Section N3 – Training Grants**.



# INVESTIGATION AUTHORIZATIONS

## Regulations

- 35(2) An application for a licence to operate and maintain a group child care home shall include the following:
- (k) written authorization from each applicant granting the director access to information
    - (i) about the applicant's criminal record, including any outstanding charges for any offences under federal, provincial or territorial legislation,
    - (ii) about any pardon granted or issued for an offence listed on the Schedule to the *Criminal Records Act* (Canada),
    - (iii) obtained from the child abuse registry established under *The Child and Family Services Act* about
      - (A) each applicant, and
      - (B) any of an applicant's children over 11 years of age who reside in the applicant's home where child care is to be provided, and
    - (iv) from a prior contact check obtained in accordance with subsection (2.0.1) about
      - (A) each applicant, and
      - (B) any of an applicant's children over 11 years of age who reside in the applicant's home where child care is to be provided;
  - (k.1) written authorization from any adult person who resides in the applicant's home where child care is to be provided, granting the director access to information
    - (i) about the person's criminal record, including any outstanding charges for any offences under federal, provincial or territorial legislation,
    - (ii) about any pardon granted or issued for an offence listed on the Schedule to the *Criminal Records Act* (Canada),
    - (iii) about the person obtained from the child abuse registry established under *The Child and Family Services Act*, and
    - (iv) about the person from a prior contact check obtained in accordance with subsection (2.0.1);

## Guidelines

Applicants and any other adult living in the home used for child care must complete the following three checks:

- criminal record check, including pardon granted or issued
- child abuse registry check
- prior contact check

Children 11 to 17 years old, who live in the home, must complete the following two checks:

- prior contact check
- child abuse registry check

The release form for the prior contact check gives Manitoba Early Learning and Child Care authority to contact the director of a Child and Family Services agency to find out if the individual has had prior contact with the agency.

A criminal record does not necessarily prevent someone from being licensed as a family child care provider. It depends on the offence.



## Best Practices

Providers ensure that all substitutes complete an investigation authorization (highly recommended).

For more information on substitute providers, see **Section E5**.



# CODE OF CONDUCT AND SAFETY PLAN

## Regulations

**35(2.9)** Every licensee shall comply with the

- (a) code of conduct; and
- (b) safety plan.

**35(2.10)** With respect to persons who

- (a) work with children with additional support needs;
- (b) are substitutes, as referred to in subsection 35(5.7); or
- (c) provide overnight care to children;

a licensee shall ensure that they

- (d) are instructed as to the requirements set out in the code of conduct and safety plan when they are first employed and annually afterwards; and
- (e) comply with the code of conduct and safety plan.

**35(2.11)** Every licensee shall provide a copy of the code of conduct to all parents and guardians of children enrolled in the group child care home.

**35(2.12)** On request, a licensee shall provide a copy of the safety plan to a parent or guardian of a child enrolled in the group child care home.

## Guidelines

*The Child Care Safety Charter* came into force in May 2010. It states that child care facilities must write and use enhanced safety plans and codes of conduct. Approved safety plans and codes of conduct must be in place before an initial licence is granted.

A code of conduct supports safe, positive and respectful environments and communicates expectations for behaviour.

Policies must be put in place so that everyone involved in a child care program understands what behaviours are appropriate and inappropriate. Proactive strategies to help promote appropriate behaviour and the consequences for inappropriate behaviour must also be included.

### Learn more



For more details on codes of conduct, see Manitoba Early Learning and Child Care's publication: *Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Homes*. Contact your child care co-ordinator for a copy; or go to [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications.'

# PROGRAM STATEMENT

## Regulations

- 35(2) An application for a licence to operate and maintain a group child care home shall include the following:
- (a) a written statement of the program to be provided, including program goals and objectives, the code of conduct, safety plan, inclusion policy with respect to children with additional support needs, behaviour management policies, proposed equipment, staff schedule, daily activities, means of involving parents or guardians in the group child care home, admission and discharge policies, transportation policy and enrollment policies consistent with the regulations and acceptable to the director
  - (l) a copy of any policies of the group child care home that the applicant proposes to give to a parent or guardian upon enrolment of a child

## Guidelines

Providers must have written policies about the program to give parents at enrolment. These policies must include information about enrolment, withdrawal, arrivals and departures, release of children, personal belongings, behaviour management, child abuse reporting, financial arrangements, statutory holidays, vacations, illness, medication, transportation, neighbourhood outings, indirect supervision, photography, research, inclusion for children with additional support needs, safety plans and a code of conduct.

For details on these policies:

### **Behaviour Management Policy**

More information about behaviour management policies is available in **Section F2**.

### **Inclusion Policy for Children with Additional Support Needs**

The inclusion policy must describe access, participation and support. See *Writing an Inclusion Policy: A Guide for Child Care Centres and Homes* for more information about writing this policy. More information about inclusion policy is available in **Section G2**.

### **Safety Plans**

See *Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Homes*. Information about Safety Plans is available in **Section I1**.

### **Code of Conduct**

See *Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Homes* – codes of conduct in **Section F3**.

### **Transportation Policy**

More information about transportation policy is available in **Section J20**.

### **Arrivals and Departures**

More information about arrivals and departures is available in **Section D3**.

### **Child Abuse Report**

More information about child abuse reporting is available in **Section F5**.

### **Illness**

More information on illness is available in **Section J18**.

### **Administering Medication**

More information on administering medication is available in **Section J15**.

### **Outings**

More information on outings is available in **Section G5**.

### **Indirect Supervision**

More information on indirect supervision is available in **Section E4**.

### **Photography and Research**

More information on photography and research is available in **Section D5**.

Providers must also include a written statement about the business arrangements between the applicants.

### **Best Practices**

The policies of the child care home are well thought out, meet all current regulations and are family friendly.

Policy changes are made in consultation with the child care co-ordinator, before implementation.

The parent policy manual includes information about the provider's home and family, including family member roles, pets, hours of operation, fees and food provided.



### **Learn more**

For business development information, go to [www.cbasc.org](http://www.cbasc.org). Or contact the Canada/Manitoba Business Service Centre, at 250-240 Graham Avenue, Winnipeg R3C 0J7; or call 204-987-2272 in Winnipeg; toll free 1-800-665-2019.



### **Best Practices**

Group child care home providers have a business plan that describes all aspects of the operation, including client services and finances.



# FLOOR PLAN

## Regulations

- 35(2) An application for a licence to operate and maintain a group child care home shall include the following:
- (b) a copy of the floor plan of the home

## Guidelines

Floor plans submitted for group care licensing must be drawn to scale. They must show the location of windows, doors, smoke alarms and carbon monoxide detector, washrooms and rooms children aren't allowed to use.

## Best Practices

The floor plan is given to the local fire authority and attached to the group child care home's daily attendance record.



# FIRE INSPECTION

## Regulations

- 35(2) An application for a licence to operate and maintain a group child care home shall include the following:
- (c) a report from the fire authority regarding compliance with the *Manitoba Fire Code*

## Guidelines

Applicants for group child care licensing must have the home inspected by the local fire authority. Contact your child care co-ordinator for details on completing an inspection.

### Fire safety inspection

The fire safety inspection is done by your municipal fire authority. They must ensure that the fire safety inspection meets the standards of *The Fires Prevention and Emergency Response Act*.





# HEALTH INSPECTION

## Regulations

- 35(2) An application for a licence to operate and maintain a group child care home shall include the following:
- (d) a report from the health authority regarding compliance with standards for sanitation, natural and artificial lighting, heating, plumbing, ventilation, water supply, sewage disposal and food handling

## Guidelines

The child care home must meet health and safety standards. A report from the public health inspector's office must be completed for licensing. Contact your child care co-ordinator about completing an inspection.

### Public health inspectors

Public health inspectors enforce *The Public Health Act* and other health and safety statutes and regulations. They also enforce specific health standards under provincial child care regulations.







# COMPLIANCE WITH INSPECTIONS

## Regulations

- 35(2) An application for a licence to operate and maintain a group child care home shall include the following:
- (e) where any change or improvement is recommended or required in a report under clause (c) or (d), written confirmation from the applicant that the recommendations or requirements have been met

## Guidelines

If a group child care home does not meet all requirements during relicensing (child care regulations, fire inspection and health inspection), the providers must complete the *Agreement with Inspection Requirements* form. Contact your child care co-ordinator for a copy.

## Best Practices

The *Agreement with Inspection Requirements* form is signed by all the licensees and returned to the child care co-ordinator by the specified date.



# ZONING

## Regulations

- 35(2) An application for a licence to operate and maintain a group child care home shall include the following:
- (f) evidence of compliance with zoning by-laws

## Guidelines

If required in the group child care home's community, the provider must get a zoning variance to operate a group child care home in a family dwelling unit.

### Zoning

Zoning bylaws allow municipalities to control land use and every type of land use requires a permit. Land use is defined as either:

- conditional use – the group child care home must go to a public hearing of the local community committee for approval
- care use – the group child care home has the right to use the land

Zoning approval and an occupancy permit are necessary before a licence can be issued.

In Winnipeg, apply to the Environmental Planning Department, City of Winnipeg, to find out if a zoning variance is necessary for you to operate. If a variance is required, the city will tell you how to apply for the required zoning variance.

Applicants outside Winnipeg should contact their municipality's or local government district offices.





# EMERGENCY EVACUATION PLANS

## Regulations

- 35(2) An application for a licence to operate and maintain a group child care home shall include the following:
- (g) an emergency evacuation plan

## Learn more

For details on emergency evacuation plans, see:

- Section I – Emergency Procedures
- Section I1 – Safety Plans
- Section I2 – Emergency Numbers and Procedures
- Section I3 – Fire Extinguishers
- Section I4 – Smoke and Carbon Monoxide Detectors
- Section I5 – Evacuation Drills





# TRAINING

## Regulations

35(2) An application for a licence to operate and maintain a group child care home shall include the following:

- (m) subject to subsection (2.o.2), for an applicant for a new licence or an applicant who has not previously been a licensee under this Part, evidence that the applicant has, within eight years before the date of application, successfully completed 40 hours of course work, or fewer hours with the approval of the director, that
  - (i) in the opinion of the director, is relevant to early childhood education or family child care; and
  - (ii) is offered by a publicly funded post-secondary institution, or other institution or body, approved by the director

35(2.o.2) If, at the time of application, an applicant has not successfully completed the course work referred to in clause (2)(m), the applicant may be granted a licence subject to the condition that the applicant successfully complete the course work within 12 months after the date of the licence.

## Guidelines

Providers must submit a copy of their 40-hour course transcript to the child care co-ordinator.

### Training

Post-secondary institutions offering required courses are listed in Manitoba Early Learning and Child Care's *Forty Hour Course Options for Child Care Assistants and Family Child Care Providers*. For a copy, call 204-945-0776 in Winnipeg; toll free 1-888-213-4754; or go to [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications.' Courses not listed will be assessed individually.

Providers may apply for annual training grants for post-secondary courses in early childhood education (ECE). For details, see **Section N3 – Training Grants**.





## **Best Practices**

At least one licensee in a group child care home is an early childhood educator II or III (ECE II or ECE III) or is taking training to get these classifications.





# LICENCE RENEWAL

## Regulations

- 35(2.1) A licensee that wishes to renew its licence shall, in the form and manner specified by the director, at least 60 days before the expiry date of the licence or such shorter time as is acceptable to the director, apply to renew the licence and the application must be accompanied by all of the following:
- (a) a statement confirming that the information and documentation provided under subsection 35(2) at the time of the application for a licence, or under this section at the time of the last licence renewal, has not changed;
  - (b) if there has been any change in the information or documentation under clause (a), or any changes in the facility or in the manner of providing child care, a statement as to these changes;
  - (c) confirmation by the licensee that the licensee continues to be in compliance with the requirements and standards prescribed in this regulation with respect of the licence issued;
  - (d) any other information or additional documentation that the director considers necessary to determine the ability of the licensee to continue to be in compliance with the requirements and standards prescribed in this regulation with respect of the licence issued.
- 35(2.2) Where the director is satisfied that a licensee and the facility in respect of which the licence was issued continue to meet the requirements and standards prescribed in the regulation, the director may issue a renewal of the licence to the licensee for a term not exceeding one year.

## Guidelines

Licence renewal forms are sent to the resident licensee of group child care homes annually. All licensees must review all the written documents required for the licence renewal. These documents must be submitted with the licence renewal form in a timely manner.

The licence renewal process ensures group child care homes are continuing to meet licensing requirements (ex: annual relicensing checklist, fire and public health inspections).

## Best Practice

To avoid delays, providers have all the documents ready at least 60 days before the licence expires.



# ADMINISTRATION

## Regulations

**35(3)** Every licensee shall keep all records and reports required by section 23 with respect to the children in attendance in the group child care home and shall comply with the other provisions of section 23.

## Guidelines

Licensees must keep accurate, current records on all aspects of the child care operations.

### Learn more

For information on Regulation 23 see:

- **Section C – Provider Qualifications and Training**
- **Section D – Administration**
- **Section J – Health and Safety**





# OVERNIGHT CARE

## Regulations

- 35(2.4) No licensee shall provide overnight care at a group child care home without prior written authorization from the director.
- 35(2.5) Every licensee providing overnight care at a group child care home shall comply with the requirements of subsections 18(3), (9) and (14) and section 31, with such changes as the circumstances require.

## Guidelines

All the requirements to provide overnight care in a child care home also apply to group child care homes.

For more information on guidelines for providing extended hour care, contact your child care co-ordinator.

### Learn more

For more information on overnight care, see:

- **Section L1 – Authorization for Overnight Care**
- **Section L2 – Overnight Care Requirements**





# OVERNIGHT STAFF

## Regulations

35(2.6) Overnight care may be provided only by a licensee or a person who

- (a) is 18 years of age or over;
- (b) has provided written authorization granting the director access to information about
  - (i) the person's criminal record, including any outstanding charges for any offences under federal, provincial or territorial legislation,
    - (i.1) any pardon granted or issued for an offence listed on the Schedule to the *Criminal Records Act* (Canada),
  - (ii) the person from the child abuse registry established under *The Child and Family Services Act*, and
  - (iii) the person from a prior contact check referred to in subsection (2.7); and
- (c) has completed
  - (i) a first aid course that includes CPR training relevant to the age group being cared for, within six months of commencing employment or within a period of time approved by the director, and
  - (ii) recertification of the first aid course and CPR training as required, within a period of time approved by the director.

35(2.7) Subsection (2.0.1) applies to the prior contact checks referred to in subclause (2.6)(b)(iii).

35(2.8) An overnight staff person may administer patent or prescribed medicine to a child if

- (a) before administering the medicine, the staff person has been authorized in writing to do so by the licensee;
- (b) the medicine to be administered is supplied in the original container in the case of a patent medicine, or in a container supplied for the purpose by a pharmacist, in the case of a prescribed medicine; and
- (c) after each dose is administered, the staff person records and initials in the licensee's records the date, time and amount of the dose administered.

## Guidelines

Regulations that apply to overnight care in child care homes also apply to group child care homes.

## Learn more

See the following sections for more information:

- **Section B4 – Investigation Authorizations**
- **Section C3 – First Aid Training**
- **Section J15 – Medication**

The Manitoba Human Rights Commission and the Manitoba Child Care Association were consulted in developing policy on criminal record and child abuse registry checks. The Commission recognizes there may be some convictions, including offenses that have been pardoned, that may reasonably keep someone from doing the job or put children at risk.

However, the Commission emphasizes that decisions on employing staff must be based on job-related qualifications. It recommends the Investigation Authorization forms be completed after a job has been offered, to ensure the applicant's rights to equal employment opportunity under *The Human Rights Act*.



# DAILY RECORD OF LICENSEE AND OVERNIGHT STAFF

## Regulations

- 35(3.1) A group child care home shall keep daily records that show when each licensee and overnight staff person provided child care at the group child care home and shall maintain these records on file for a period of two years.
- 35(5) Except during the hours when overnight care is being provided, no person other than a licensee shall provide child care at a group child care home.
- 35(5.1) An overnight staff person may provide child care at a group child care home only during the hours when overnight care is being provided.

## Guidelines

The arrival and departure times of each licensee and all overnight staff must be recorded for each shift and posted for parents. Providers must ensure these records are accurate. These reports must be maintained and available for inspection for up to two years.



# SECOND LICENSEE PROVIDING CARE

## Regulations

- 35(5.2) Except during the hours when overnight care is being provided, every licensee shall ensure that if either the number or ages of children as set out in the definition “family child care home” is exceeded, a second licensee is present to provide child care.
- 35(5.3) During the hours when overnight care is being provided, if either the number or ages of children as set out in the definition “family child care home” is exceeded, a minimum of two licensees or a licensee and an overnight staff person shall be present to provide child care in the group child care home.

## Guidelines

From 6:00 a.m. to 8:00 p.m., a second licensee must be present when more than eight children and/or more than five preschool children (including a maximum of three infants) are present.

From 8:00 p.m. to 6:00 a.m., two licensees or one licensee and one overnight staff must be present when more than eight children and/or more than five preschool children (including a maximum of three infants) are present.

## Best Practices

A second licensee is in the home when more than two infants are present.



# RESIDENT LICENSEE

## Regulations

- 35(5.4) A resident licensee shall provide child care at a group child care home for a total amount of time, calculated over any three month period, equal to or greater than the child care provided by any other licensee who is not a resident licensee.
- 35(5.5) In calculating the total amount of time that a licensee or resident licensee provides child care under subsection (5.4), time spent providing overnight care shall not be taken into consideration.

## Guidelines

The resident licensee is considered the primary caregiver and the person who provides child care for the greatest amount of time.

To calculate the requirements for Regulation 35(5.4), only child care given during the hours of 6:00 a.m. to 8:00 p.m. is considered time spent providing child care by the resident caregiver.

## Best Practices

Resident licensees consider their own limits and those of other family members when deciding about managing the group child care home.

Resident licensees ensure that administrative and business records and processes are current to minimize stress and allow the provider to dedicate more time to the children, the program and families. Tools, including online forms and procedures at Child Care Online, are used to update information in a timely manner.



# CARE FOR MORE THAN 18 HOURS

## Regulations

35(5.6) No child shall be provided child care at a group child care home for more than 18 hours in any 24 hour period, unless the director gives prior written approval to a licensee of the group home.

## Guidelines

A written request must be submitted to your child care co-ordinator for permission to enrol a child for more than 18 hours in any 24 hour period. The request must include an explanation of the family circumstances requiring this length of care.





# SUBSTITUTE CARE

## Regulations

35(5.7) When substitute care is being provided at a group child care home, a substitute is deemed to be a licensee for the purposes of subsections (5), (5.2) and (5.3).

35(2.10) With respect to persons who

(b) are substitutes, as referred to in subsection 35(5.7); or

a licensee shall ensure that they

(d) are instructed as to the requirements set out in the code of conduct and safety plan when they are first employed and annually afterwards; and

(e) comply with the code of conduct and safety plan.

## Guidelines

Substitutes who replace the licensee must be at least 18 years of age.

For details on substitutes, see **Section E5 – Substitute Providers**.



## Best Practices

The licensee uses the same individual as a regular substitute.

The substitute has a cleared investigation authorization.

People who regularly work as substitutes have cleared investigation authorizations.





# Grants, Fees and Subsidies

# OVERVIEW OF GRANTS

## *The Community Care Standards Act*

- 31(1) The minister, in accordance with and subject to the regulations, may authorize grants to be paid  
(b) to persons who operate licensed group child care homes or licensed family child care homes

### Regulations

- 37(4) The director may require, as a condition of any grant under this section, that the recipient provide child care to children who have a demonstrated special need, or whose parents or guardians are receiving a subsidy.

## Guidelines

A provider who is receiving a grant must be willing to provide care for a child with additional support needs or the child of a parent who would be eligible to receive a subsidy.

### Regulations

- 37(5) The director shall establish the procedure to be followed for the purpose of determining the actual amount of financial assistance that may be paid to a licensee under this section; and as a condition of making grant payments to a licensee under this section the director may require a licensee to submit such information, documents and returns with respect to the operating of the facility and in such form as the director considers advisable.

### Regulations

- 37(6) The director may, for the purpose of calculating the amount of start up and operating grants for which a licensee is eligible, make a payment of the licensee based on up to one and one-half times the facility's licensed number of child spaces where, in the opinion of the director, the licensee is regularly providing child care services which exceed the normal operating hours of a child care facility.

## Guidelines

Providers may receive additional grant money if they are providing care outside the normal hours of operation for a child care facility (ex: regularly provides extended hours of care to accommodate parent's work schedule). An approved proposal and new licensing requirements must be met in order to qualify.

## Regulations

- 37(7) Notwithstanding subsection (2) no grant shall be made to a licensee who provides family child care or who operates a group child care home with respect to the children of the licensee in attendance at the facility operated by the licensee.

## Guidelines

A provider cannot apply for or receive grants for his or her own children, even if they are cared for in the facility.

# OPERATING GRANTS

## Regulations

37(2) Grants as authorized by the minister under section 31 of the Act, may be paid to licensees that provide child care in family child care homes and group child care homes in amounts up to the maximum amounts as set out in Schedule B.

## Guidelines

Included in the Operating Grant Schedule is a start-up grant for a one-time only payment, per child care space.

A provider applying for an operating grant must complete and submit the *Family/Group Child Care Home Operating Grant Application* form by mail or online at the Manitoba Early Learning and Child Care website at: [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare). Your child care co-ordinator can also provide the form.

## Schedule B

This schedule can be found in *Child Care Regulation* at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications'.



## Best Practices

Providers keep all receipts for anything they use operating grant money to buy to attach to their income tax forms.

## Learn more

Canada Revenue Agency's *Using Your Home for Daycare* lists the expenses you can claim. Look for publication number P134 on their website at [www.cra-arc.gc.ca/E/pub/tg/p134/](http://www.cra-arc.gc.ca/E/pub/tg/p134/) or call toll free 1-800-959-2221.



Providers ensure that a reasonable amount from operating grants is used to maintain and improve the program in the family or group child care home (ex: toys, equipment, professional development).



# TRAINING GRANTS

## Regulations

37(2.1) A licensee that provides child care in a family child care home, or a group child care home, including a licensee of a group child care home referred to in subsection (2.2), is eligible to receive a training grant if the following conditions are met:

- (a) the licensee successfully completes course work that
  - (i) in the opinion of the director, is relevant to early childhood education or family child care;
  - (ii) is offered by a publicly funded post-secondary institution approved by the director, and
  - (iii) consists of 40 hours of course work, or fewer hours with the approval of the director;
- (b) the licensee submits documentation satisfactory to the director
  - (i) setting out a description of the course work taken and the cost, and
  - (ii) verifying successful completion of the course work.

37(2.1.1) The amount of a training grant payable under subsection (2.1) is the cost of the course or courses taken by the licensee, to a maximum of \$350 annually.

## ***Applying for Training Grants***

Providers can apply for training grants. You must submit the authorization page along with the transcript of completed courses and a tuition receipt. For an application and authorization page, contact your child care co-ordinator or go to [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Grants.'



## ***Course Options***

Post secondary institutions offering courses are listed in Manitoba Early Learning and Child Care's *Forty Hour Course Options for Child Care Assistants and Family Child Care Providers*. Call 204-945-0776 in Winnipeg; toll free 1-888-213-4754; or go to [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) and click 'Publications.'







## **Best Practices**

Providers take courses annually based on their interests and learning needs. They stay current on best practices in early learning and child care.



# INCLUSION SUPPORT GRANTS

## Regulations

- 37(3)** Subject to this section, grants as authorized by the minister under section 31 of the Act, may be paid to licensees that provide child care to children with additional support needs as set out in subsections (3.1) to (3.5).
- 37(3.1)** A staffing grant may be paid to a licensee of a child care centre or child care home to assist with providing additional staff if a child with additional support needs is enrolled in the facility.
- 37(3.2)** The amount of the staffing grant referred to in subsection (3.1) shall be based on the actual cost incurred by the facility for extra staffing provided that the director is satisfied that
- (a) the cost for extra staffing is reasonable; and
  - (b) the support to be provided to the child with additional support needs is appropriate to his or her needs.
- 37(3.3)** A licensee is not eligible to receive a staffing grant under subsection (3.1) unless the licensee submits a report respecting staffing in relation to children with additional support needs to the director
- (a) in the form required by the director; and
  - (b) within 30 days after the end of the billing period to which the grant relates.

## Guidelines

Individuals hired by a licensee to care for children with additional support needs must be at least 18 years old. The person must complete all investigation authorizations, including criminal record, child abuse registry and prior contact checks, and have first aid and CPR training. Until investigation authorizations have been cleared, the inclusion support staff must not be left alone with children.

The salary for the additional staff person must be discussed and approved by your child care co-ordinator, who will consider the qualifications, training and related experience of the person hired.

Providers must comply with all applicable employment and labour standards.

## Inclusion Support Program



The Inclusion Support Program funds child care centres, nursery schools, family and group child care homes to reduce or eliminate barriers to allow a child with additional support needs to meaningfully participate in an early learning and child care program.

The staffing grant allows a provider to hire an additional person to help meet the needs of a child with additional support needs in the home.

## Guaranteed space payment



This grant pays the cost of one licensed space so that the provider can keep it open while caring for a child with additional support needs. For example, a provider licensed for up to eight children could enrol only seven while receiving the payment. This gives the provider more time to spend with the child with additional support needs. The unused space must be within the same age category as the child with additional support needs.

## Learn more



For more information about grants under the Inclusion Support Program, contact your child care co-ordinator.

For details on inclusion, see:

- **Section G2 – Inclusive Program**
- **Section G3 – Individual Program Plans**

# MAXIMUM DAILY FEES

## Regulations

- 38(2)** The maximum daily fee that a licensee who receives an annual operating grant, other than an enhanced operating grant for a nursery school, may charge for a space is the applicable amount set out in
- (a)** Column 3 of Schedule D, for
    - (i)** a licensed child care centre, or
    - (ii)** a family child care home or group child care home with a licensee classified as an E.C.E. II or III; or
  - (b)** Column 4 of Schedule D, for a family child care home or group child care home with a licensee who is not classified as an E.C.E. II or III;
- plus the applicable non-subsidized additional fee set out in Column 5 of Schedule D.
- 38(2.1)** A licensee who does not receive an operating grant cannot charge a subsidized family more than the applicable amounts listed in schedule D.
- 38(6)** A licensee is not eligible to receive a subsidy for a fee charged by a licensee as set out in Column 5 (Maximum Non Subsidized Additional Fee) of Schedule D.
- 38(7)** A licensee that receives an annual operating grant or an enhanced operating grant shall charge the same fee in respect of each child who receives the same type of care, as set out in Schedule D or D.1, as the case may be.
- 38(8)** Despite anything else in this regulation, where a licensee sets a fee for a child of an unsubsidized family that is less than the maximum fee permitted under Schedule D, the licensee shall not charge on account of any child a fee in excess of the lesser of the two fees.

## Guidelines

Provincial child care regulations set the limit on fees when child care providers receive operating grants. Providers are responsible for keeping current with any fee changes which are outlined in Schedule D and D.1 of Regulation 62/86. For copies of the regulations, go to [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare), click 'Publications' and go to 'Child Care Regulation.'



# ATTENDANCE REPORTS

## Regulations

- 42.1 To determine the number of days during a billing period for which a subsidy may be granted, the licensee of a facility must submit a facility child attendance report, in the form approved by the director, within 30 days after a billing period ends.

## Guidelines

Providers must set up a documenting system for daily attendance so their records are consistent and accurate.

### Child Care Subsidy Program

Subsidies are available to eligible families to help them pay for the cost of child care. Parents pay part of the child care fee and the government pays the rest. To qualify, the family's income needs to be below certain levels. These levels differ based on their circumstances. In most cases, they also need to have a reason for service (working, looking for work, going to school, etc.).

If a family is eligible for a subsidy, their subsidy is paid directly to the child care provider, and the provider charges the family less for their child care fees.

A subsidy advisor is assigned to each provider.

A Facility Child Attendance Report must be filled out at the end of each four-week reporting period and can be completed either online at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) or on a paper form provided by the Child Care Subsidy Program. Contact the subsidy program at the phone number at the end of this section.

The report must include attendance records for all children enrolled, both subsidized and non-subsidized, and must be submitted even if you don't have subsidized children enrolled.

After you have submitted the Facility Child Attendance Report, the Child Care Subsidy Program will send you a Facility Payment Summary. You must verify the information and report any discrepancies to the subsidy advisor. If there are errors or changes that need to be made, subsidy advisors can make adjustments.

Report any discrepancies to the subsidy advisor as soon as possible. Providers must contact the advisor no later than the end of the reporting period.

## Best Practices

If providers have parents sign the attendance sheet at arrivals and departures, they check the form frequently to ensure accuracy.

Providers ensure that copies are kept on file and easily found.

### Learn more

For more information about the subsidy process, see the *Child Care Subsidy Program Policies and Procedures* manual; or call the Subsidy Information Services Line at:

- Winnipeg: 204-945-0286; toll free 1-888-213-4754
- Brandon: 204-726-6140; toll free 1-800-230-1885





Child Care Online



# ONLINE SERVICES

## Child Care Online

Registered providers can save time and effort by doing many administrative tasks on the Internet at:

**[www.manitoba.ca/childcare](http://www.manitoba.ca/childcare)**

The website allows registered Child Care Online users to:

- view and update their attendance reports, record residents in their home, and record program and vacancy information for the licensed child care search link
- complete and submit a serious injury notification report to Manitoba Early Learning and Child Care
- complete and submit a renewal notification to inform Manitoba Early Learning and Child Care that you will be renewing your licence
- get approval for provincial operating grants and complete and submit their annual budgets
- access training grants

To use the online services, you need an identification (ID) and password from Manitoba Early Learning and Child Care. To get your ID and password, call Child Care Information Services at 204-945-0776 in Winnipeg; toll free 1-888-213-4754.

## Online Child Care Registry

The Online Child Care Registry (OCCR) is a tool that makes it easier for families to find and apply for licensed child care in Manitoba. The OCCR provides information about child care facilities, and allows parents to register with multiple providers and to place their child's name on the waiting list for the providers who meet their needs. The registry helps to streamline registration processes for child care facilities. The OCCR will save you administration time by providing you with current and more accurate information, and making the process of contacting parents easier and faster.

To learn more or to get started with the Online Child Care Registry:



- Visit the website at [www.gov.mb.ca/fs/providerupdate](http://www.gov.mb.ca/fs/providerupdate)
- Contact the OCCR team at [onlinechildcareregistry@gov.mb.ca](mailto:onlinechildcareregistry@gov.mb.ca) or by phone at 1-888-213-4754
- Or speak with your child care co-ordinator.



# PROGRAM HIGHLIGHTS AND VACANCY INFORMATION

Many Manitobans are searching for child care options and information online. That is why it's important to provide unique program information about your program and facility, as well as any vacancies. The more information available online, the easier it is for families to find the right child care.

Licensed child care providers who aren't yet registered users of Child Care Online or the Online Child Care Registry can still have their program highlights and vacancy information posted on these services.

Entering information online is easy. For more information, call Child Care Information Services at 204-945-0776 in Winnipeg; toll free 1-888-213-4754.





# Resources

# RESOURCES

## Section A – Introduction

Manitoba Early Learning and Child Care –

Child Care Information Services at 204-945-0776; or toll free 1-888-213-4754; or

Child Care Online at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare)

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## Section B – Licensing

*The Social Services Appeal Board Act* at [web2.gov.mb.ca/laws/statutes/ccsm/s167e.php](http://web2.gov.mb.ca/laws/statutes/ccsm/s167e.php)

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## Section C – Provider Qualifications and Training

Manitoba Early Learning and Child Care's *Forty Hour Course Options for Child Care Assistants and Family Child Care Providers*, available at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications; or by phone at 204-945-0776; or toll free 1-888-213-4754

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## Section D – Administration

*Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Homes*, available at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications

Manitoba Public Insurance Corporation (MPI) call 204-985-7000; or toll free 1-800-665-2410; or online at [www.mpi.mb.ca](http://www.mpi.mb.ca)

Information about the *Personal Information Protection and Electronic Documents Act* is found at the Office of the Privacy Commissioner of Canada website at [www.privcom.gc.ca](http://www.privcom.gc.ca)

*Privacy Policy Resources for Child Care Facilities*, Manitoba Child Care Association – to buy a copy, contact the Manitoba Child Care Association at 204-586-8587; or toll free 1-888-323-4676; or go to [www.mccahouse.org/resources.htm](http://www.mccahouse.org/resources.htm)

*Using Your Home for Daycare* (publication number P134) at [www.cra-arc.gc.ca/E/pub/tg/p134](http://www.cra-arc.gc.ca/E/pub/tg/p134) or call toll free 1-800-959-2221

*Understanding Custody Arrangements and Court Orders Issued by the Criminal or Family Law Courts*, Government of Manitoba, available at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications

*Writing an Inclusion Policy: A Guide for Child Care Centres and Homes* available at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications

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## Section E – Supervision

Injury Prevention, Public Health Agency of Canada at [www.phac-aspc.gc.ca/inj-bles](http://www.phac-aspc.gc.ca/inj-bles)

Hospital for Sick Children at [www.sickkids.ca](http://www.sickkids.ca)

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## Section F – Behaviour and Guidance

*Best Practices for Guiding Children's Behaviour* available at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications

*Child Protection and Child Abuse Manual – A Protocol for Early Childhood Educators* (2003), available at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications

*Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Homes*, available at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications

*The Child and Family Services Act* at <http://web2.gov.mb.ca/laws/statutes/ccsm/c080e/php>

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## Section G – Program and Activities

*A Guide to the Inclusion Support Program* available at <http://digitalcollection.gov.mb.ca/awweb/pdfopener?smd=1&did=16639&md=1>

*A Thinking Guide to Inclusive Childcare for those who care about young children with and without disabilities* available from Disability Rights Wisconsin at [www.disabilityrightswi.org/archives/112](http://www.disabilityrightswi.org/archives/112)

Environment Canada at 204-984-6203 or online at [www.weatheroffice.ec.gc.ca](http://www.weatheroffice.ec.gc.ca)

*Guidelines for Early Childhood Transition to School for Children with Special Needs*, Healthy Child Manitoba, September 2002, available at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications

*Writing an Inclusion Policy: A Guide for Child Care Centres and Homes* available at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications

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## Section H – Space and Equipment

Canadian Poisonous Plant Information System at [www.cbif.gc.ca/pls/pp/poison](http://www.cbif.gc.ca/pls/pp/poison)

Canadian Standards Association International – *Guidelines and Children's Playspaces* available through [www.csa.ca](http://www.csa.ca)

*Hazardous Products Act* (Canada) at [www.laws.justice.gc.ca/en/H-3/](http://www.laws.justice.gc.ca/en/H-3/) or [www.hc-sc.gc.ca/ahc-asc/legislation/reg/index-eng.php](http://www.hc-sc.gc.ca/ahc-asc/legislation/reg/index-eng.php)

Health Canada current recall list – go to [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca) and follow the links to Consumer Product Safety – Children’s Products or Advisories, Warnings and Recalls

*Is Your Child Safe?* – Health Canada’s Consumer Product Safety page at [www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/index-eng.php](http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/index-eng.php)

Preventing Injury – Winnipeg Regional Health Authority: [www.wrha.mb.ca/healthinfo/preventinj](http://www.wrha.mb.ca/healthinfo/preventinj)

*It’s Your Health – Trampoline Safety* available from Health Canada at <http://www.hc-sc.gc.ca/hl-vs/iyu-vsv/prod/trampoline-eng.php>

*Materials/Equipment List for Family and Group Child Care Homes* available from Manitoba Early Learning and Child Care by phone at 204-945-0776; toll free 1-888-213-4754

Safe Kids Canada – safety information at [www.safekidscanada.ca](http://www.safekidscanada.ca)

*Well Beings: A Guide to Health in Child Care* (3rd edition, 2008). To buy a copy from the Canadian Paediatric Society go to [www.web.cps.ca/english/publications/bookstore/WellBeings.htm](http://www.web.cps.ca/english/publications/bookstore/WellBeings.htm)

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## **Section I – Emergency Procedures**

*Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Homes*, available at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications

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## **Section J – Health and Safety**

Canadian Poisonous Plants Information System [www.cbif.gc.ca/pls/pp/poison](http://www.cbif.gc.ca/pls/pp/poison)

Canadian Red Cross – Swimming and Water Safety at [www.redcross.ca/english/watersafety/](http://www.redcross.ca/english/watersafety/)

*Caring for Children with Anaphylaxis in a Child Care Program* at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications; or call your child care co-ordinator

City of Winnipeg – *A Guide to a Healthy Child Care Environment* – contact the City of Winnipeg Environment Health Services at 311

*Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Homes* (2009) at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications

*Drowning Prevention and Pool Safety Tips*, Safe Kids Canada at [www.safekidscanada.ca](http://www.safekidscanada.ca)

Environment Canada at 204-984-6203 or online at [www.weatheroffice.ec.gc.ca](http://www.weatheroffice.ec.gc.ca)

Environment Canada for UV Index and sun protection at [www.ec.gc.ca/uv](http://www.ec.gc.ca/uv)

*Hazardous Products Act* (Canada) at [www.laws-lois.justice.gc.ca/eng/acts/H-3/](http://www.laws-lois.justice.gc.ca/eng/acts/H-3/) or [www.hc-sc.gc.ca/ahc-asc/legislation/reg/index-eng.php](http://www.hc-sc.gc.ca/ahc-asc/legislation/reg/index-eng.php)

*Healthy Practices Poster Series* at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications; or from your child care co-ordinator



*Infection Control Guidelines for Early Learning and Child Care Facilities* at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications; or from your child care co-ordinator

Injury Prevention, Public Health Agency of Canada at [www.phac-aspc.gc.ca/inj-bles/](http://www.phac-aspc.gc.ca/inj-bles/)

*Insect Repellents*, Health Canada at [www.hc-sc.gc.ca/hl-vs/iyh-vsv/life-vie/insect-eng.php](http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/life-vie/insect-eng.php)

Manitoba Poison Control at 204-787-2591 in Winnipeg. Outside Winnipeg, call 911.

Manitoba Public Insurance Corporation (MPI) at 204-985-7000; or toll free 1-800-665-2410; or [www.mpi.mb.ca](http://www.mpi.mb.ca)

*Pandemic Influenza – A Guide to Pandemic Preparedness Planning for Early Learning and Child Care Facilities* (September 2009) at [www.manitoba.ca/health/publichealth/pandemic.html](http://www.manitoba.ca/health/publichealth/pandemic.html)

Physicians for a Smoke-Free Canada at [www.smoke-free.ca](http://www.smoke-free.ca)

Preventing Injury – Winnipeg Regional Health Authority at [www.wrha.mb.ca/healthinfo/preventinj](http://www.wrha.mb.ca/healthinfo/preventinj)

Second-Hand Smoke at [www.hc-sc.gc.ca/hc-ps/tobac-tabac/body-corps/second-eng.php](http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/body-corps/second-eng.php)

*Sun Safety*, Health Canada at [www.hc-sc.gc.ca/hl-vs/sun-sol/index-eng.php](http://www.hc-sc.gc.ca/hl-vs/sun-sol/index-eng.php)

*Swimming Pool Safety*, Health Canada at [www.hc-sc.gc.ca/cps-spc/pubs/cons/pools-piscine-eng.php](http://www.hc-sc.gc.ca/cps-spc/pubs/cons/pools-piscine-eng.php)

*Water Safety*, Canadian Child Care Federation at [www.cccf-fcsge.ca/](http://www.cccf-fcsge.ca/)

*Water safety for young children*, Canadian Paediatric Society at [www.caringforkids.cps.ca/handouts/water\\_safety](http://www.caringforkids.cps.ca/handouts/water_safety)

*Well Beings: A Guide to Health in Child Care* (3rd edition, 2008) To buy a copy from the Canadian Paediatric Society go to [www.web.cps.ca/english/publications/bookstore/WellBeings.htm](http://www.web.cps.ca/english/publications/bookstore/WellBeings.htm)

West Nile Virus, Manitoba Health at [www.manitoba.ca/health/wnv](http://www.manitoba.ca/health/wnv)

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## Section K – Nutrition

*Canada's Food Guide to Healthy Eating* at [www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php)

Dieticians of Canada online at [www.dieticians.ca](http://www.dieticians.ca)

*Healthy Eating for Infants and Children*, Manitoba Healthy Living

- *Breast Milk...Your Baby's First Food*
- *Infant Formula with Iron*

- *Feeding Baby Solid Foods*
- *Healthy Start for Life – Promoting Healthy Eating and Physical Activity During the Toddler and Preschool Years*
- *ABCs of Feeding Preschoolers*
- *Manitoba Home Nutrition Program*
- *Eating Well with Canada's Food Guide*

at [www.manitoba.ca/healthyliving/nutrition/children.html](http://www.manitoba.ca/healthyliving/nutrition/children.html)

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## **Section L – Overnight / Extended-Hour Care**

*Hazardous Products Act (Canada)* at [www.laws.justice.gc.ca/en/H-3/](http://www.laws.justice.gc.ca/en/H-3/) or [www.hc-sc.gc.ca/ahc-asc/legislation/reg/index-eng.php](http://www.hc-sc.gc.ca/ahc-asc/legislation/reg/index-eng.php)

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## **Section M – Group Child Care Homes**

Canada/Manitoba Business Service Centre at 250-240 Graham Avenue, Winnipeg MB R3C 0J7; or call 204-987-2272 in Winnipeg; toll free 1-800-665-2019

*Developing Enhanced Safety Plans and Codes of Conduct: A Guide to Safety Charter Requirements for Family and Group Child Care Homes* at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications

*Manitoba Early Learning and Child Care's Forty Hour Course Options for Child Care Assistants and Family Child Care Providers*, available at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications; or by phone at 204-945-0776; or toll free 1-888-213-4754

*Writing and Inclusion Policy for Early Learning and Child Care Centres and Homes* available at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications.

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## **Section N – Grants, Fees and Subsidies**

*Child Care Regulation* at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications

*Child Care Subsidy Program Policies and Procedures* manual available by contacting the Subsidy Information Services line in Winnipeg at 204-945-0286 or toll free 1-888-213-4754; or in Brandon at 204-726-6140 or toll free 1-800-230-1885

*Manitoba Early Learning and Child Care's Forty Hour Course Options for Child Care Assistants and Family Child Care Providers*, available at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare) under Publications; or by phone at 204-945-0776; or toll free 1-888-213-4754

*Using Your Home for Daycare* (publication number P134) at [www.cra-arc.gc.ca/E/pub/tg/p134](http://www.cra-arc.gc.ca/E/pub/tg/p134) or call toll free 1-800-959-2221

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## **Section O – Child Care Online**

Online Child Care Registry, Manitoba Early Learning and Child Care, at [www.gov.mb.ca/fs/providerupdate](http://www.gov.mb.ca/fs/providerupdate); or by phone at 204-945-0776 in Winnipeg; toll free 1-888-213-4754; or at [onlinechildcareregistry@gov.mb.ca](mailto:onlinechildcareregistry@gov.mb.ca)



# IMPORTANT WEBSITES

Canadian Child Care Federation: [www.cccf-fcsge.ca](http://www.cccf-fcsge.ca)

Canadian Standards Association International: [www.csa-international.org](http://www.csa-international.org)

Canadian Paediatric Society - Caring for Kids: [www.caringforkids.cps.ca/](http://www.caringforkids.cps.ca/)

Childcare Resource and Research Unit: [www.childcarecanada.org](http://www.childcarecanada.org)

Companies Office: [www.companiesoffice.gov.mb.ca](http://www.companiesoffice.gov.mb.ca)

Consumer Protection Office (Manitoba): [www.manitoba.ca/cca/cpo/index.html](http://www.manitoba.ca/cca/cpo/index.html)

Environment Canada: [www.weatheroffice.ec.gc.ca](http://www.weatheroffice.ec.gc.ca)

Health Canada: [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

Hospital for Sick Children: [www.sickkids.ca](http://www.sickkids.ca)

Manitoba Child Care Association: [www.mccahouse.org](http://www.mccahouse.org)

Manitoba Early Learning and Child Care: [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare)

Manitoba Health – Public Health: [www.manitoba.ca/health/publichealth](http://www.manitoba.ca/health/publichealth)

Manitoba Healthy Living, Seniors and Consumer Affairs: [www.manitoba.ca/healthyliving/](http://www.manitoba.ca/healthyliving/)

Manitoba Laws (Statutory Publications): [www.manitoba.ca/laws](http://www.manitoba.ca/laws)

Office of Consumer Affairs (Canada): [www.consumer.ic.gc.ca](http://www.consumer.ic.gc.ca)

Office of the Privacy Commissioner of Canada: [www.privcom.gc.ca](http://www.privcom.gc.ca)

Preventing Injury – Winnipeg Regional Health Authority: [www.wrha.mb.ca/healthinfo/preventinj](http://www.wrha.mb.ca/healthinfo/preventinj)

Safe Kids Canada: [www.safekidscanada.ca](http://www.safekidscanada.ca)

SpecialLink: The National Centre for Child Care Inclusion: [www.speciallinkcanada.org](http://www.speciallinkcanada.org)

The *Highway Traffic Act* (Manitoba): [web2.gov.mb.ca/laws/statutes/ccsm/ho6oe.php](http://web2.gov.mb.ca/laws/statutes/ccsm/ho6oe.php)



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