

Gouvernement du Québec

**O.C. 434-2004, 6 May 2004**

An Act respecting childcare centres and childcare services (R.S.Q., c. C-8.2)

**Childcare centres  
— Amendments**

Regulation to amend the Regulation respecting childcare centres

WHEREAS paragraphs 1, 1.1, 1.2, 2, 5, 6, 10.2, 13, 13.1, 14, 17 to 19.1 and 24 of section 73 of the Act respecting childcare centres and childcare services (R.S.Q., c. C-8.2) provide that the Government may make regulations, for the whole or part of the Québec territory, on the matters referred to therein;

WHEREAS the Government made the Regulation respecting childcare centres by Order in Council 1069-97 dated 20 August 1997;

WHEREAS it is expedient to amend the Regulation to provide for the screening of the directors and employees of childcare centres as well as the persons involved in home childcare, and to establish new requirements with respect to the qualifications of childcare staff, the safety of the outdoor play area and play equipment and the administration of medications;

WHEREAS it is also expedient to amend the Regulation as regards the provision of home childcare to provide for the occasional replacement of the provider, to establish new requirements related to the qualifications of the provider and home childcare staff members, and to provide for additional reasons for revoking or suspending recognition, including voluntary suspension;

WHEREAS, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), a draft of the Regulation to amend the Regulation respecting childcare centres was published in Part 2 of the *Gazette officielle du Québec* of 27 December 2002 with a notice that it could be made on the expiry of 45 days following that publication;

WHEREAS the 45-day period has expired;

WHEREAS it is expedient to make the Regulation with amendments;

IT IS ORDERED, therefore, on the recommendation of the Minister of Employment, Social Solidarity and Family Welfare and the Minister for Family Welfare:

THAT the Regulation to amend the Regulation respecting childcare centres, attached to this Order in Council, be made.

ANDRÉ DICAIRE,  
*Clerk of the Conseil exécutif*

**Regulation to amend the Regulation  
respecting childcare centres\***

An Act respecting childcare centres and childcare services (R.S.Q., c. C-8.2, s. 73, pars. 1, 1.1, 1.2, 2, 5, 6, 10.2, 13, 13.1, 14, 17 to 19.1 and 24; 2002, c. 17, s. 18)

**1.** Section 1 of the Regulation respecting childcare centres is amended by striking out “, date of birth” in paragraph 6.

**2.** Section 2 is amended

(1) by replacing paragraph 4 by the following:

“(4) a certified true copy of a resolution attesting to the capacity as a parent and user of each of the directors forming the majority required by the first paragraph of section 7 of the Act and of the chair of the board of directors;

(4.1) for each director, a current attestation establishing that no impediment exists or a current attestation of information that may establish an impediment under the first paragraph of section 9.1;”;

(2) by replacing subparagraph *b* of paragraph 6 by the following:

“(b) a true plan, to scale, of the outdoor play space referred to in the first paragraph of section 97.2, together with

i. a site plan for the play space showing its location in relation to the facility, as well as the location and layout of the outdoor play area, if there is one;

\* The Regulation respecting childcare centres, made by Order in Council 1069-97 dated 20 August 1997 (1997, *G.O.* 2, 4368), was last amended by the Act to amend the Act respecting childcare centres and childcare services as regards places giving entitlement to grants (2003, c. 27, s. 7). For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Québec Official Publisher, 2004, updated to 1 March 2004.

ii. in the case of the outdoor space referred to in subparagraph 2 of the first paragraph of that section, a copy of the duly registered title of ownership, lease or authorization referred to in that subparagraph;

iii. the certificate referred to in section 97.4, where applicable, current to the application;”;

(3) by adding the following paragraph at the end:

“In this Regulation,

“attestation establishing that no impediment exists” means the document issued by a police force in Québec confirming that the data banks accessible to the force do not contain any information needed to ascertain the existence of an impediment under subparagraph 2 or 3 of the first paragraph of section 18.1 of the Act or an impediment within the meaning of those provisions under sections 12, 41, 41.2 and 67.1; and

“attestation of information that may establish an impediment” means the document issued by a police force in Québec setting out the information needed to ascertain the existence of an impediment under subparagraph 2 or 3 of the first paragraph of section 18.1 of the Act or an impediment within the meaning of those provisions under sections 12, 41, 41.2 and 67.1, and contained in the data banks accessible to the force.”.

**3.** Section 7 is replaced by the following:

“7. An application for the renewal of a childcare centre permit must be submitted at least 90 days prior to the expiry date of the permit, together with the information and documents required by paragraph 6 of section 1 and paragraph 4.1 of section 2. The application must also be accompanied by the other information and documents listed in section 2 if the information and documents previously submitted are no longer accurate or are incomplete.”.

**4.** The following sections are inserted after the heading of Division I of Chapter II:

“9.1. Where an application for a childcare centre permit is submitted, every director must, at the permit applicant’s request, consent in writing to an investigation of the information needed to ascertain the existence of an impediment under subparagraph 2 or 3 of the first paragraph of section 18.1 of the Act. The director must also consent to the communication of the attestation establishing that no impediment exists to the permit applicant and to the Minister or, as the case may be, provide the permit applicant with the attestation of information that may establish an impediment and consent to its communication to the Minister for the Minister’s assessment.

A director is also subject to the requirements prescribed above, with the necessary modifications, where a permit holder must provide such an attestation in respect of the director pursuant to sections 7 and 9.2.

**9.2.** Where there is a change of director, a permit holder must, within 60 days of the change, provide the information and documents required by paragraph 6 of section 1 and paragraph 4.1 of section 2 in respect of the new director.

The permit holder must also provide a new attestation for a director if the Minister, on being made aware that the information referred to in section 9.1 has changed, requires a new attestation be provided.”.

**5.** Section 12 is replaced by the following:

“12. No person working in a centre or facility during its operating hours, including a trainee or a volunteer who is present on a regular basis at the centre or facility, may have an impediment within the meaning of subparagraph 2 or 3 of the first paragraph of section 18.1 of the Act that is connected, in the latter case, with the aptitudes and conduct required to hold a position in a centre, unless the impediment relates to an indictable or criminal offence other than an offence listed in the schedule to the Criminal Records Act (R.S.C. 1985, c. C-47) for which a pardon has been granted.

**12.1.** Before being hired, the person must, at the request of the permit applicant or permit holder, consent in writing to an investigation of the information needed to ascertain the existence of an impediment within the meaning of subparagraph 2 or 3 of the first paragraph of section 18.1 of the Act. The person must also consent to the communication of the attestation establishing that no impediment exists to the permit applicant or permit holder or, as the case may be, submit the attestation of information that may establish an impediment to the permit applicant or permit holder for assessment.

Once hired, the person is also subject to the requirements prescribed above where the attestation dates back three or more years or where the permit holder must have a new investigation carried out pursuant to section 12.3.

**12.2.** Every person who regularly transports children on behalf of a permit holder is subject to the requirements prescribed by sections 12 and 12.1, with the necessary modifications.

**12.3.** A permit holder must provide a new attestation for a person referred to in section 12 or 12.2 if the Minister, on being made aware that the information referred to in section 12.1 has changed, requires a new attestation be provided.”.

**6.** Section 17 is replaced by the following:

“**17.** In a facility where childcare is provided, the centre permit holder must ensure that at least two childcare staff members out of three hold

(1) a diploma of college studies in early childhood education or in childcare education;

(2) a diploma of college studies in special education, together with an attestation of college studies in early childhood education or in childcare education or a university certificate in early childhood studies or in childcare education;

(3) an attestation of college studies in early childhood education or in childcare education in a program requiring a minimum of 1,200 hours of training, a university certificate in early childhood studies or childcare education or in child studies, together with three years of experience, on a full-time basis or the equivalent, in duties involving the implementation of a program of educational activities for groups of pre-school-age children in a home childcare service operated by a person recognized by the holder of a home childcare agency permit before 1 September 1999 or, after that date, by the holder of a childcare centre permit, both issued under the Act, in a day care or childcare centre operated by the holder of a permit issued under the Act, or in a pre-school, a kindergarten or a school childcare service, all operated by an establishment recognized by the Ministère de l'Éducation;

(4) a bachelor's degree with a minimum of one minor in one of the following fields of study: early childhood studies, pre-school education, psycho-education, child development (psychology), remedial and special education, including or together with three university-level or college-level courses of a minimum of 45 hours each in child health, child safety and the educational approach; or

(5) an attestation of college studies for early childhood educators working with Native children.

The holder of a new centre permit has until the third anniversary of the permit issue date to comply with the first paragraph. During that time, at least one childcare staff member out of three must have one of the qualifications listed in the first paragraph.

The holder of a centre permit which has been modified to increase the maximum number of children that may be received in the permit holder's facility has until the third anniversary of the modification to comply with the first paragraph. During that time, at least one childcare

staff member out of three in the facility affected by the modification must have one of the qualifications listed in the first paragraph.”.

**7.** The following is added after section 18:

“**18.1.** Any person who, on 31 May 2004, has one of the qualifications listed in section 17, as it read on that date, is deemed to have the qualifications required by section 17.

This also applies to any person who, on 31 May 2004, holds an attestation in childcare studies or in family studies and has three years of experience, on a full-time basis or the equivalent, in duties involving the implementation of a program of activities for groups of pre-school-age children in a childcare service or in a health, social services or educational establishment.

**18.2.** Any person who, on 31 May 2004, is enrolled in a program of studies leading to one of the qualifications listed in section 17, as it read on that date, is deemed to have the qualification on the date the person completes the program.

**18.3.** Any person who, on 31 May 2004, is enrolled in one of the courses leading to the qualification referred to in subparagraph 4 of the first paragraph of section 17, as it read on that date, is deemed to have the qualification on the date the person completes the courses.

**18.4.** Any person who, on 31 May 2004, is in the process of acquiring the experience leading to the qualification referred to in subparagraph 5 of the first paragraph of section 17, as it read on that date, as well as any person who, on that date, holds an attestation in family studies, is deemed to have the qualification on the date the person acquires the required three years of experience.”.

**8.** Section 19 is deleted.

**9.** Section 22 is amended

(1) by replacing “18” in paragraph 2 by “18 to 18.4”;

(2) by replacing paragraph 3 by the following:

“(3) for each person referred to in sections 12 and 12.2, the attestation required by section 12.1 dating back less than three years and, in the case of the attestation of information that may establish an impediment, accompanied by a certified true copy of the board of directors' resolution attesting that there is no impediment under section 12 in respect of the person;”;

(3) by adding the following at the end of subparagraph *a* of paragraph 5:

“and, as the case may be, the documents attesting that the person designated under the second paragraph of section 67 meets the requirements prescribed by section 67.1.

The attestation referred to in sections 41.1, 41.3 and 67.2 must date back less than three years and, in the case of an attestation of information that may establish an impediment, must be accompanied by a certified true copy of the board of directors’ resolution attesting that the person concerned is not the subject of an impediment referred to in section 41, 41.2 or 67.1, as the case may be.”.

**10.** Section 23 is amended by replacing “the refusal of a person to be recognized as such” by “the permit holder has refused to grant the recognition”.

**11.** Section 24 is amended

(1) by adding the following after paragraph 3:

“(3.1) proof that the person meets the requirements of section 44;”;

(2) by adding the following after subparagraph *c* of paragraph 10:

“(d) proof that the person meets the requirements of the first paragraph of section 47;”;

(3) by replacing paragraph 11 by the following:

“(11) for the applicant and, where applicable, for the person who will be assisting the applicant, and for each person of full age living in the residence where childcare will be provided, the current attestation referred to in section 41.1 and, as the case may be, section 41.3.”.

**12.** Section 25 is amended by striking out “and ascertain that the person has minimum knowledge of how to provide first aid to children” in the second paragraph.

**13.** The following is added after section 28:

“**28.1.** Incidental to the annual reevaluation, the recognized person must ensure that the centre permit holder is provided with a new attestation establishing that no impediment exists or an attestation of information that may establish an impediment if the attestation previously provided dates back three or more years, for himself or herself, for any other person referred to in

section 41.1 and, where applicable, for the person who assists the recognized person and the person designated under the second paragraph of section 67.”.

**14.** Section 31 is amended by adding the following after the second paragraph:

“However, when the change relates to the information required by sections 41.1 and 41.3, the permit holder must obtain a new attestation in respect of the person concerned. A new attestation is also required when the permit holder is otherwise made aware of such a change.”.

**15.** Section 34 is amended

(1) by adding the following after paragraph 1:

“(1.0.1) the person refuses or neglects to comply with a remedial notice issued by the Minister under section 36.1 of the Act;”;

(2) by replacing “30” in paragraph 1.1 by “28.1, 30”.

**16.** Section 38 is amended

(1) by replacing “or pregnancy” in the first paragraph by “, pregnancy or adoption of a minor child”;

(2) by replacing “6” in the second paragraph by “12”.

**17.** Section 39 is amended

(1) by adding “The permit holder must also visit the residence.” at the end of the first paragraph;

(2) by adding the following paragraph at the end:

“The provider must, within the time prescribed in the first paragraph, ensure that a new attestation is provided in respect of himself or herself, for any person referred to in section 41.1 and, where applicable, for the person who assists the provider and the person designated under the second paragraph of section 67, if the most recent attestation dates back three or more years or on request in the circumstances described in the third paragraph of section 31 and in section 67.2.”.

**18.** Section 40 is amended by inserting “except in the circumstances described in section 67,” before “be able to” in paragraph 2.

**19.** Section 41 is replaced by the following:

“**41.** A centre permit holder may refuse to grant recognition to an applicant who has an impediment within the meaning of subparagraph 2 or 3 of the first para-

graph of section 18.1 of the Act that is connected, in the latter case, with the aptitudes and conduct required to operate a home childcare service.

**41.1.** A person applying for recognition must have an investigation of the information needed to ascertain the existence of an impediment under section 41 carried out in respect of himself or herself and every person of full age living in the residence where childcare will be provided, and must ensure that for each of those persons an attestation establishing that no impediment exists or, as the case may be, an attestation of information that may establish an impediment is provided to the centre permit holder for assessment.

**41.2.** No person expecting to be assisting a recognized person may have an impediment within the meaning of subparagraph 2 or 3 of the first paragraph of section 18.1 of the Act that is connected, in the latter case, with the aptitudes and conduct required to hold a position in a home childcare service, unless the impediment relates to an indictable or criminal offence other than an offence listed in the schedule to the Criminal Records Act (R.S.C. 1985, c. C-47) for which a pardon has been granted.

**41.3.** The person referred to in section 41.2 must consent in writing to an investigation of the information needed to ascertain the existence of an impediment within the meaning of subparagraph 2 or 3 of the first paragraph of section 18.1 of the Act.

The person must also consent to the communication of the attestation establishing that no impediment exists to the person applying for recognition or the recognized person and to the permit holder or, as the case may be, ensure that the applicant or the recognized person is provided with the attestation of information that may establish an impediment and consent to its communication to the permit holder for assessment. The person must do the same when the attestation dates back three or more years and a new attestation in his or her respect is required pursuant to sections 28.1, 31 and 39.

**41.4.** The following persons shall not be granted recognition as a provider:

(1) a person whose permit was cancelled under section 19 of the Act or was not renewed under paragraphs 3 and 4 of that section in the three years preceding the application for recognition; and

(2) a person who was a member of the board of directors of a permit holder whose permit was cancelled under section 19 of the Act or was not renewed under paragraphs 3 and 4 of that section in the three years preceding the application for recognition.”

**20.** Section 42 is amended by deleting the second paragraph.

**21.** Section 43 is amended by replacing “of the adult assisting that person” in the first paragraph by “of the adult assisting that person and of the person designated under the second paragraph of section 67,”

**22.** Section 44 is amended by striking out “, within 6 months of being recognized,” in the introductory sentence.

**23.** Section 47 is amended

(1) by striking out “, within one year of its hiring” in the introductory sentence;

(2) by replacing “during the first year of his hiring, receive” in the second paragraph by “within one year of being hired, have received”.

**24.** Section 53 is replaced by the following:

“**53.** A centre permit holder or provider must ensure that any climbing apparatus, swing, slide or similar device installed indoors and designed for indoor use has smooth surfaces with no sharp edges. It must be safe and placed on a surface that can absorb the impact of a fall.”

**25.** Section 55 is amended by replacing “wading pool shall be” by “portable wading pool is”.

**26.** Section 60 is amended by replacing the third paragraph by the following:

“Despite the first paragraph, acetaminophen may be administered and insect repellent applied without medical authorization to a child received, provided it is done in accordance with the protocol set out in Schedule I. Saline nasal drops and oral hydration solutions may be administered and zinc oxide-based cream for the seat area, calamine lotion and sun cream without PABA applied without medical authorization to a child received, provided the child’s parent has given written authorization.”

**27.** Section 61 is replaced by the following:

“**61.** No person other than the person designated for that purpose in writing by a centre permit holder, the person designated in emergencies under section 76, the person recognized as a home childcare provider, the person assisting the home childcare provider or the person designated under the second paragraph of section 67 may administer medication to a child.”



**28.** Section 62 is amended by inserting “, insect repellent, calamine lotion, zinc oxide-based cream for the seat area” after “hydration solutions” in the first paragraph.

**29.** Section 64 is amended by inserting “, sun creams” after “saline nasal drops” in the third paragraph.

**30.** Section 67 is amended by adding the following after the first paragraph:

“That requirement also applies when the provider must occasionally be away. The childcare provider must take all reasonable means available to inform the parents of the children received as soon as possible.”.

**31.** The following is added after section 67:

“**67.1.** The person designated under the second paragraph of section 67 must hold the certificate required by the first paragraph of section 47 and must not have an impediment within the meaning of subparagraph 2 or 3 of the first paragraph of section 18.1 of the Act that is connected, in the latter case, with the aptitudes and conduct required to hold a position in a home childcare service, unless the impediment relates to an indictable or criminal offence other than an offence listed in the schedule to the Criminal Records Act (R.S.C. 1985, c. C-47) for which a pardon has been granted.

**67.2.** A recognized person who intends to designate a person under the second paragraph of section 67 must, prior to being replaced for the first time, provide the centre permit holder with proof that the person meets the requirements of the first paragraph of section 47 and ensure that the permit holder is given the attestation required by section 41.3. The recognized person must notify the permit holder of any change with respect to the designated person; when the change affects the information needed to ascertain the existence of an impediment under section 67.1, the permit holder must require a new attestation. A new attestation must also be required when the permit holder is otherwise made aware of such a change.

The provisions of section 41.3 apply to the designated person and to the recognized person, with the necessary modifications.”.

**32.** The following is inserted after section 72:

“**72.1.** A home childcare provider must ensure that any climbing apparatus, swing, slide or similar device installed outdoors has smooth surfaces with no sharp edges. It must be safe, anchored and placed on a surface that can absorb the impact of a fall.”.

**33.** Section 87 is revoked.

**34.** The following is inserted after section 97:

**“CHAPTER V.1  
LAYOUT, EQUIPMENT, MAINTENANCE AND  
SAFETY OF OUTDOOR PLAY SPACES AND  
OUTDOOR PLAY AREAS**

**97.1.** In this Chapter, “outdoor play area” means the part of the outdoor play space that has play equipment intended for the children who attend the childcare service.

**97.2.** A centre permit holder must provide the children with

(1) an outdoor play space enclosed by a safe fence at least 1.20 m in height, contiguous to the building housing the rooms where the permit holder provides childcare in a facility;

(2) an outdoor play space enclosed by a safe fence at least 1.20 m in height located less than 500 m from the facility, to which the permit holder has access during the operating hours of the facility by a duly registered title of ownership, by a lease with a term of at least 5 years or by a written authorization guaranteeing free access for the same period; or

(3) an outdoor children’s play space in a public park; the play space must be within 500 m of the facility, be enclosed by a fence and be accessible during the operating hours of the facility.

The play space must have a suitable and safe layout and, if it has an outdoor play area, that area must be adapted to the age of the children received.

The minimum surface area of the play space referred to in subparagraphs 1 and 2 of the first paragraph must be 4 m<sup>2</sup> per child, while allowing at least one third of the maximum number of children indicated on the permit to be accommodated at a time.

The distance of 500 m referred to in subparagraphs 2 and 3 of the first paragraph is measured by the shortest route normally taken to walk the distance between the outdoor play space and the building housing the facility.

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

The permit holder must also comply with the standard as it pertains to inspections and maintenance, and must prepare the annual report and maintain all the records referred to in the standard.

**97.4.** A centre permit holder who equips the outdoor play space of a centre with an outdoor play area or play equipment must, within 30 days of laying out the area, provide the Minister with a current layout certificate certifying that the outdoor play area and the play equipment in that area comply with the requirements of the second paragraph of section 97.2 and the first paragraph of section 97.3. The certificate must be issued by an architect, engineer or technologist who is a member of his or her respective professional order or by a landscape architect who is a member of the Association des architectes paysagistes du Québec under which the landscape architect is authorized for that purpose.

**97.5.** The centre permit holder must, no later than 30 June of the third year following the year in which the certificate was issued, provide the Minister with a new certificate in conformity with the requirements of section 97.4 that dates back less than four months.

**97.6.** The centre permit holder must notify the Minister in writing within 10 days of any change affecting the outdoor play area or play equipment. The permit holder must, on request, provide the Minister with a new certificate in conformity with the requirements of section 97.4.

**97.7.** Sections 97.3 to 97.6 do not apply to an outdoor play area located in a public park.

**97.8.** A centre permit holder must ensure that the childcare staff members supervise the children and watch them at all times when they are using play equipment.”

**35.** Section 98 is amended by replacing “to organized eatings” at the end of subparagraph 4 of the first paragraph by “in organized outings”.

**36.** Section 99 is amended by deleting subparagraph 3 of the first paragraph.

**37.** Section 100 is replaced by the following :

“**100.** A centre permit holder who contravenes any of the provisions of sections 17, 20 to 23, 49 to 59, 62, 64, 73 to 81, 83 to 86, 88 to 91, subparagraphs 1 and 2 of the first paragraph of section 97.2, sections 97.3 to 97.6, 97.8, 98 or 99 is liable to the fine prescribed in section 74.9 of the Act.”

**38.** Section 108 is amended by replacing “section 87” by “section 97.2”.

**39.** The following is inserted after section 109.1 :

“**109.2.** A centre permit holder must provide the Minister with the attestation referred to in section 9.1, in respect of each director, no later than 1 December 2004. The requirements of section 9.1 apply to a director.

**109.3.** Unless the permit holder has an attestation establishing that no impediment exists or an attestation of information that may establish an impediment that dates back less than three years, the permit holder must have an investigation of the information needed to ascertain the existence of any impediment under section 12 carried out no later than 1 December 2004 in respect of each person who works at the centre or at a facility during its operating hours or who regularly transports children on behalf of the permit holder. The requirements of section 12.1 apply to a person referred to above, with the necessary modifications.

**109.4.** A person recognized as a home childcare provider must, no later than 1 December 2004, ensure that the permit holder who granted the recognition is provided with an attestation establishing that no impediment exists or the attestation of information that may establish an impediment, for himself or herself, for any person referred to in section 41.1 and, as the case may be, for a person referred to in section 41.2, unless the provider has such an attestation dating back less than three years. The requirements of section 41.3 apply to a person referred to in section 41.2, with the necessary modifications.

**109.5.** A person recognized by a permit holder as a home childcare provider who, on 1 June 2004, does not hold the first aid certificate required by section 44 must obtain the certificate within 8 months of receiving recognition.

**109.6.** A person who, on 1 June 2004, assists a person recognized as a home childcare provider and does not hold the first aid certificate required by section 47 must obtain the certificate within one year of being hired.

**109.7.** A person who, on 31 May 2004, has submitted an application for recognition must obtain the first aid certificate required by section 44 within six months of receiving recognition. The centre permit holder must, however, ensure that the person has basic knowledge of child first aid.

The person who is expected to be assisting the applicant must obtain the certificate required by section 47 within one year of being hired.

**109.8.** The person designated under the second paragraph of section 67 must have obtained the first aid certificate referred to in the first paragraph of section 47 no later than 1 June 2005. The centre permit holder must, however, ensure that the person has basic knowledge of child first aid.

**109.9.** A centre permit holder who, on 1 June 2004, had already equipped the outdoor play space of a centre with an outdoor play space and play equipment must provide the Minister, no later than 1 October 2004, with a certificate in conformity with the requirements of section 97.4 that dates back less than four months.

A centre permit holder is not required to comply with sections 7.1 to 7.5, 7.7, 9.1.1, 9.2 to 9.6.3 and 9.8 of the standard referred to in section 97.3 before 1 June 2007. However, the permit holder must comply with the provisions of those sections upon repairing, replacing or adding to the equipment.”.

**40.** The protocol entitled “1. PROCEDURE FOR ADMINISTERING ACETAMINOPHEN” in Schedule I is replaced by the following:

#### “1. PROTOCOL FOR ADMINISTERING ACETAMINOPHEN

*Acetaminophen* is the generic name of the medication that is commercially available under the following brand names: Atasol, Temptra, Tylenol and other house brand names.

Under the Regulation respecting childcare centres, acetaminophen may be administered without medical authorization to a child received in a childcare centre or home childcare service, provided it is administered in accordance with this Protocol and that a parent has given written consent.

A parent is not required to consent to the application of this Protocol. However, if a parent does not sign the authorization form, the medication may not be administered to the child unless the parent and a member of the Collège des médecins du Québec give written authorization.

#### BASIC RULES

Within the framework of this Protocol, acetaminophen may be administered solely to reduce fever. It may not be administered

- to children under two months of age;
- to relieve pain;
- during more than 48 consecutive hours (two days); or
- to children who have received medication containing acetaminophen in the preceding four hours.

In those four cases, the Protocol does not apply and written authorizations from a physician and the parent are required to administer the medication.

Centres or persons recognized as home childcare providers may have their own acetaminophen container, in which case the brand name, the dosage form (drops, tablets, syrup) and the concentration must be indicated on the authorization form.

To avoid confusion, acetaminophen should be kept on hand in only one of its two liquid forms: drops or syrup. If children under 24 months of age are received, it is recommended that drops be used instead of syrup. If the centre or provider elects to use syrup for the other children, it is recommended to use only one concentration.

The dosage must not under any circumstances exceed the dosage guidelines below or the dosage prescribed on the medication container.

An adult tablet must never be cut up and administered to a child as it could alter the dosage: an inadequate dose would not provide the expected result, while an overdose could pose serious risks to the child.

It is important to always check the concentration of acetaminophen and to follow the dosage instructions on the container since new products of greater or lesser strength may appear on the market. It is also recommended to use only one concentration if the brand name selected is available in more than one concentration.

Any administration of acetaminophen must be recorded in the register of medications prescribed by the Regulation and the parent must be informed.

#### WHAT YOU SHOULD KNOW

##### What is a normal temperature ?

The normal temperature range will vary depending on the measurement method, used as illustrated in the table below.



Measurement Method	Normal Variation in Temperature
Rectal	37.2°C to 37.5°C
Oral	35.5°C to 37.5°C
Axillary (underarm)	34.7°C to 37.0°C
Tympanic (ear)	35.8°C to 37.5°C

### What is fever ?

Fever is defined as a body temperature that is higher than normal. Normal temperature may vary somewhat depending on the child, the time of day, the outdoor temperature and the level of activity. The cause of the fever is more important than the temperature itself.

It is generally considered that there is fever if the rectal, oral or tympanic temperature is above 38.0°C or if the axillary temperature is above 37.5°C.

The only sure way to measure fever is to take the child's temperature. A child's temperature must be checked whenever the child's general condition (frantic crying, loss of energy, change in general condition, loss of appetite, etc.) or physical symptoms (flushed cheeks, excessively warm skin, sweating) could be signs of fever. The following measures are recommended:

- take the rectal temperature of children under two years of age;
- take the rectal, tympanic or axillary temperature of children between two and five years of age;
- take the oral temperature of children over five years of age;
- use the appropriate thermometer;
- always use disposable plastic tips as they are more hygienic; otherwise, disinfect the thermometer properly before and after each use;
- if the child has just been physically active, wait approximately 15 minutes as the child's body temperature may be higher than normal if it is taken immediately after an activity;
- always comply with the time requirements for the thermometer being used since the time required may vary with the thermometer. A digital thermometer, which requires less time to take the temperature, is recommended.

### WHAT YOU SHOULD DO

If you notice the start of an increase in body temperature (a rectal, oral or tympanic temperature between 37.5°C and 38.0°C or an axillary temperature between 37°C and 37.5°C), and if the child's general condition is good and there are no specific medical precautions that need to be taken,

- dress the child comfortably;
- have the child drink (water, fruit juice or milk) at more frequent intervals;
- keep an eye on the child and take the child's temperature again after 60 minutes, or sooner if the child's condition seems to be worsening; and
- inform the parent of the child's condition.

If a child under two months of age has a fever (a rectal temperature above 38.0°C or an axillary temperature above 37.5°C),

- apply the measures listed above for an increase in body temperature (dress comfortably, have the child drink and keep an eye on the child);
- notify the parent immediately; ask the parent to come and pick up the child and, in the meantime, apply the measures listed above; and
- if the parent cannot come to pick up the child, call the persons designated by the parent as emergency contacts and if they cannot be reached, take the child to a medical service, to the local community service centre or to a hospital emergency department; do not administer acetaminophen without a written medical authorization for the child.

If a child two months of age or older has a fever (a rectal, oral or tympanic temperature above 38.0°C or an axillary temperature above 37.5°C),

- apply the measures listed above for an increase in body temperature (dress comfortably, have the child drink and keep an eye on the child);
- inform the parent of the child's condition;
- administer acetaminophen according to the dosage guidelines below or the dosage instructions on the medication container, in accordance with the rules in this Protocol; and

— one hour after administering acetaminophen, take the child's temperature again; if the temperature is still high, ask the parent to come and pick up the child. If the parent cannot be reached, call the persons designated by the parent as emergency contacts and if they cannot be reached, take the child to a medical service, to the local community service centre or to a hospital emergency department.

When you administer acetaminophen,

— always use simple words, appropriate to the child's age, to explain to the child the relationship between his or her condition, the medication being taken and the expected results;

— wash your hands before handling the medication;

— check the concentration, dosage instructions and expiry date on the medication container;

— pour the medication (drops or syrup) into a medicine spoon calibrated in ml, then administer it to the child; never put a medicine dropper directly into a child's mouth, unless it is a disposable dropper. The spoon must be washed in very hot water after use;

OR

— if administering a tablet, put it in a goblet then have the child take it. If the child wants to, he or she may drink a little water after taking the tablet; and

— wash your hands after administering the medication.

#### ACETAMINOPHEN: DOSAGE

##### CONCENTRATION

Weight	Drops		Syrup		Tablets	
	80 mg/ml	80 mg/5 ml	160 mg/5 ml	80 mg/tablet	160 mg/tablet	
2.4-5.4 kg	0.5 ml (40 mg)	2.5 ml (40 mg)	1.25 ml (40 mg)	-	-	
5.5-7.9 kg	1.0 ml (80 mg)	5.0 ml (80 mg)	2.5 ml (80 mg)	-	-	
8.0-10.9 kg	1.5 ml (120 mg)	7.5 ml (120 mg)	3.75 ml (120 mg)	-	-	
11.0-15.9 kg	2.0 ml (160 mg)	10.0 ml (160 mg)	5 ml (160 mg)	2 tablets (160 mg)	1 tablet (160 mg)	
16.0-21.9 kg	3.0 ml (240 mg)	15.0 ml (240 mg)	7.5 ml (240 mg)	3 tablets (240 mg)	1.5 tablets (240 mg)	
22.0-26.9 kg	4.0 ml (320 mg)	20 ml (320 mg)	10 ml (320 mg)	4 tablets (320 mg)	2 tablets (320 mg)	
27.0-31.9 kg	5 ml (400 mg)	25.0 ml (400 mg)	12.5 ml (400 mg)	5 tablets (400 mg)	2.5 tablets (400 mg)	
32.0-43.9 kg	6 ml (480 mg)	30.0 ml (480 mg)	15.0 ml (480 mg)	6 tablets (480 mg)	3 tablets (480 mg)	

– The dosage unit may be repeated every four hours.

– Do not exceed six doses in a 24-hour period.

– The dosages shown in the chart above are based on a maximum dose of 10 to 15 mg/kg.

**WARNING**  
**ACETAMINOPHEN**  
**IN RELATION TO**  
**IBUPROFEN AND OTHER MEDICATIONS**

**IBUPROFEN :**

— A warning is needed since a clear distinction must be made between acetaminophen and ibuprofen.

— Although both medications have antipyretic (fever-reducing) properties, they must not be confused because they belong to different classes of medications and work differently. Ibuprofen must not, under any circumstances, be substituted for acetaminophen for the following reasons :

– acetaminophen and ibuprofen belong to different classes of medications ;

– ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) ;

– the dosage and frequency of administration are different for the two medications ;

– it has been established that all NSAIDs may affect respiratory functions; that is why ibuprofen is contraindicated in persons who have or have had asthma; and

– a cross-sensitivity has been observed between salicylates and ibuprofen (allergic reaction).

— When applying this Protocol, care must be taken to never confuse ibuprofen and acetaminophen or substitute one for the other.

— This Protocol may be applied as indicated even if a child has received ibuprofen at home before arriving at the childcare service, regardless of the time elapsed. There is no contra-indication to or danger in giving acetaminophen to a child who received ibuprofen earlier since the two medications do not work in the same way.

**OTHER MEDICATIONS :**

— The availability of an increasing number of combination medications containing acetaminophen and another pharmaceutical product on the market calls for greater care in applying this Protocol. A number of cough syrups, for example, contain acetaminophen.

— Good communication between the parents and the person authorized to administer the medication is important. The person authorized to administer the medi-

cation must know what medication the child received in the four hours before arriving at the childcare service so the Protocol may be applied safely, for the health and well-being of the child.

— If an educator or a person recognized as a home childcare provider notices fever in a child within four hours of the child's arrival and has been made aware that the child took syrup or other medication earlier, the educator or provider may contact a pharmacist to obtain the necessary information concerning the medication and apply the Protocol accordingly.

**AUTHORIZATION FORM FOR THE**  
**ADMINISTRATION OF ACETAMINOPHEN**

A parent is not required to consent to the application of this Protocol. However, if a parent does not sign the authorization form, acetaminophen may not be administered to the child unless the parent and a member of the Collège des médecins du Québec give written authorization. A parent may limit the period of validity of the authorization by indicating the duration of the authorization in the space provided.

I hereby authorize \_\_\_\_\_  
 (name of childcare centre, person recognized as home childcare provider or person who assists the provider, as the case may be, or person designated under the second paragraph of section 67 of the Regulation respecting childcare centres) to administer to my child, in accordance with this Protocol, acetaminophen sold under the following brand name :

\_\_\_\_\_  
 Brand name, form (drops, syrup or tablets)  
 and concentration

\_\_\_\_\_  
 Child's surname and given name

\_\_\_\_\_  
 Authorization period

\_\_\_\_\_  
 Parent's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

This Protocol was prepared by the Ministère de l'Emploi, de la Solidarité sociale et de la Famille and approved by a working group composed of representatives from the health and social services network and childcare services. The information it contains reflects the state of knowledge on the subject in 2002.”.

**41.** The protocol entitled “2. PROCEDURE FOR ADMINISTERING ORAL HYDRATION SOLUTIONS” in Schedule I is replaced by the following :

#### “2. PROTOCOL FOR APPLYING INSECT REPELLENT

Under the Regulation respecting childcare centres, insect repellent may be applied without medical authorization to a child received in a childcare centre or home childcare service, provided it is applied in accordance with this Protocol and that a parent has given written consent.

A parent is not required to consent to the application of this Protocol. However, if a parent does not sign the authorization form, the insect repellent may not be applied to a child unless the parent and a member of the Collège des médecins du Québec give written authorization.

#### BASIC RULES

The insect repellent used must contain a concentration of less than 10% DEET (N,N-diethyl-m-toluamide); read the product label carefully because the concentration of DEET varies significantly from product to product.

Centres or persons recognized as home childcare providers may have their own insect repellent container; the brand name, the form (lotion, cream, gel, non-aerosol or aerosol spray) and the concentration of the active ingredient DEET must be indicated on the authorization form. To avoid confusion, only one form of insect repellent should be kept on hand.

Repeated or excessive applications of insect repellent are unnecessary for effectiveness; it is recommended to apply the repellent sparingly to the skin. The product should not be used for extended periods of time.

Under no circumstances should insect repellent be applied

- to the eyes or mucous membranes;
- to open wounds or broken skin;
- to irritated or sunburned skin;
- under clothing;
- to the hands; or
- in excessive amounts.

Insect repellent may not be used on children under two years of age without written authorization from a parent and a physician. Hence, this Protocol does not apply to children under two years of age.

It is recommended to apply insect repellent only once a day to children between six months and two years of age, and a maximum of three times a day to children over two years of age.

Insecticides and pesticides are made for use on land or in houses, and should never be used on the body.

DEET-based products should first be tested by applying a small amount to a small area of the child's skin, preferably on the inside of the forearm, then waiting eight to twelve hours. It is suggested that testing be done in the morning to see how well the children tolerate the product through the day; it is important to let parents know that the test will be done on that day. The test should be done in early spring, well before the Protocol is applied. If a reaction occurs, wash the treated skin immediately and consult a physician; make sure to give the physician a list of the product's ingredients.

Never combine insect repellent and sunscreen. Avoid all “2-in-1” products that act as both an insect repellent and a sunscreen. To adequately protect the children from the harmful effects of the sun, apply sunscreen generously to exposed skin and under clothing; apply insect repellent, in contrast, in small amounts and never under clothing. If suntan lotion is applied after insect repellent, both products become less effective. Sunscreens also lose approximately 20% of their effectiveness when DEET is applied. When a sunscreen and an insect repellent are used, it is recommended to use a cream with a sun protection factor (SPF) of 30 and to apply the insect repellent 30 to 45 minutes after the sunscreen.

Insect repellent must be used in well-ventilated areas and away from food.

Any application of insect repellent must be recorded in the register of medications prescribed by the Regulation and the parent informed of the number of daily applications.

#### PRECAUTIONARY MEASURES

Insect repellent should be used only during periods when mosquitoes are abundant or if the area around the childcare service provides a breeding ground for mosquitoes, and only after the precautionary measures below have been taken.

To avoid insect bites when they are outside, the children should

- wear a long-sleeved sweater and long pants that ideally fit tightly at the wrists and ankles;
- wear loose-fitting, light-coloured clothes made of a tightly woven fabric;
- wear shoes and socks;
- avoid using perfumed products; and
- avoid going outside at times of the day when mosquitoes are most abundant, such as early morning or late afternoon.

To prevent mosquitoes from multiplying in the area around the childcare service

- eliminate any source of standing water, which is conducive to mosquito breeding;
- turn over any objects that are not stored indoors, such as boats, wading pools, gardening containers and children's toys;
- cover outdoor garbage cans and any other container that may collect water;
- replace pool or wading pool water or make sure it is treated daily;
- use insect screens in the areas where younger children play; and
- repair damaged insect screens at the centre or home childcare service as quickly as possible.

Protect children under six months of age from coming into contact with mosquitoes by using mosquito netting on strollers and by using screened-in verandas.

#### WHAT YOU SHOULD KNOW

DEET-based products remain the preferred and most effective insect repellents against a wide variety of insects; insect repellents with a DEET concentration of less than 10% provide two to three hours of protection.

Although the safety of these products has been proven, they may pose certain risks, especially to children, if they are misused. DEET is partially absorbed through the skin and may make its way into the bloodstream. It may also accumulate in the body fat, brain and heart. A

few cases of poisoning have been cited in literature. However, there is little risk to human health if insect repellents are used with discretion and only occasionally.

Applying insect repellent to clothing (except synthetics or plastic material) may be a way of decreasing the risk of poisoning in children over two years of age, but it is important to watch that children do not put the saturated clothing in their mouths, or touch it and accidentally get repellent in their eyes. DEET-based products can cause severe eye irritation.

In choosing a product, the following benefits and inconveniences should be considered:

- products in the form of a lotion, gel or cream are generally easy to apply but heavy application should be avoided;
- insect repellents in non-aerosol or aerosol spray form require additional caution; they should not be applied in closed or poorly-ventilated areas to avoid breathing in the harmful fumes, and care must be taken to avoid getting repellent on children's faces or hands.

#### WHAT YOU SHOULD DO

Insect repellent must always be applied by a person authorized to do so. Under no circumstances should children be allowed to apply insect repellent themselves, regardless of their age.

When you go outdoors with the children, you must

- apply the precautionary measures; and
- follow the steps below to apply the insect repellent:
  - use simple words to explain to the child the relationship between the situation, the insect repellent being applied and the expected results;
  - wash your hands before handling the product;
  - read the product label carefully before applying, and make sure that the DEET concentration is less than 10% and that the product does not contain sunscreen;
  - it is preferable to wear gloves to apply the product;
  - use single-use gloves and change gloves if a child has broken skin, such as insect bites (which often lead to a secondary infection), to eliminate the risk of transmitting a skin infection to another child;



– put a small amount of the product in your hand, apply it sparingly to exposed areas only or to clothing, only at the nape of the neck and ankles, as far as possible;

– make sure the children do not touch the areas to which the insect repellent has been applied. If they do touch those areas, they should wash their hands with soapy water; and

– wash your hands after applying the insect repellent to all the children in the group, even if you wore gloves to apply it.

Wash the treated skin with soap and water when the children come inside or when protection is no longer needed. This is particularly important if insect repellent is applied several times in the same day or on several consecutive days.

#### AUTHORIZATION FORM FOR THE APPLICATION OF INSECT REPELLENT

A parent is not required to consent to the application of this Protocol. However, if a parent does not sign the authorization form, insect repellent may not be applied to a child unless the parent and a member of the Collège des médecins du Québec give written authorization. A parent may limit the period of validity of the authorization by indicating the duration of the authorization in the space provided.

I hereby authorize \_\_\_\_\_  
(name of the childcare centre, person recognized as home childcare provider or person who assists the provider, as the case may be, or person designated under the second paragraph of section 67 of the Regulation respecting childcare centres, where applicable) to use on my child, in accordance with this Protocol, insect repellent sold under the following brand name:

\_\_\_\_\_  
Brand name, form (lotion, cream, gel, non-aerosol or aerosol spray) and concentration of the active ingredient DEET

\_\_\_\_\_  
Child's surname and given name

\_\_\_\_\_  
Authorization period

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent's signature Date

This Protocol was prepared by the Ministère de l'Emploi, de la Solidarité sociale et de la Famille and approved by a working group composed of representatives from the health and social services network and childcare services. The information it contains reflects the state of knowledge on the subject in 2003.”

**42.** This Regulation comes into force on 1 June 2004.

6300

Gouvernement du Québec

### **O.C. 435-2004, 6 May 2004**

An Act respecting childcare centres  
and childcare services  
(R.S.Q., c. C-8.2)

#### **Day care centres — Amendments**

Regulation to amend the Regulation respecting day care centres

WHEREAS paragraphs 1, 1.1, 1.2, 2, 5, 6, 10.2, 17, 18, 19.1 and 24 of section 73 of the Act respecting childcare centres and childcare services (R.S.Q., c. C-8.2) provide that the Government may make regulations, for the whole or part of the Québec territory, on the matters referred to therein;

WHEREAS the Government made the Regulation respecting day care centres by Order in Council 1971-83 dated 28 September 1983;

WHEREAS it is expedient to amend the Regulation to provide for the screening of day care centre permit applicants and permit holders as well as day care centre directors and employees, and to establish new qualification requirements for the staff;

WHEREAS it is expedient to amend the Regulation with respect to the safety of the outdoor play area and play equipment and the administration of medications;

WHEREAS, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), a draft of the Regulation to amend the Regulation respecting day care centres was published in Part 2 of the *Gazette officielle du Québec* of 5 March 2003 with a notice that it could be made on the expiry of 45 days following that publication;