

Any person wishing to comment on the draft Decree is requested to submit written comments within the 45-day period to the Deputy Minister of Labour, 200, chemin Sainte-Foy, 6^e étage, Québec (Québec) G1R 5S1.

MANUELLE OUDAR,
Deputy Minister of Labour

Decree to amend the Decree respecting solid waste removal in the Montréal region

An Act respecting collective agreement decrees (chapter D-2, ss. 2 and 6)

1. The Decree respecting solid waste removal in the Montréal region (chapter D-2, r. 5) is amended by striking out the part preceding DIVISION 1.00.

2. The Decree is amended by inserting the following before DIVISION 1.00:

“DIVISION 0.00 CONTRACTING PARTIES

0.01. The contracting parties to this Decree are the following:

(1) for the employer party:

(a) RÉSEAU environnement inc.;

(b) Association des transporteurs de déchets solides du Québec inc.

(2) for the union party:

(a) Union des chauffeurs de camions, hommes d'entrepôts et autres ouvriers, Teamsters Québec, section locale 106;

(b) TUAC, local 501.”.

3. This Decree comes into force on the date of its publication in the *Gazette officielle du Québec*.

2882

Draft Regulation

Educational Childcare Act
(chapter S-4.1.1)

Educational Childcare — Amendment

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (chapter R-18.1), that the Regulation to amend the Educational Childcare Regulation, appearing below, may be made by the Government on the expiry of 60 days from this publication.

The draft regulation clarifies some of the obligations of childcare providers, strengthens the provisions concerning the safety and health of children receiving childcare, adds requirements concerning the issue of permits, improves the quality of home childcare, clarifies the rights and obligations of home childcare providers and home childcare coordinating offices, updates, in the Regulation, the references to federal standards, and relaxes certain requirements in response to the demands made by parents and partners in the educational childcare network. The draft regulation will also facilitate the application of the administrative penalties introduced in 2011.

To date, an examination of the situation shows no specific impact on citizens, apart from an improvement in the quality of childcare. The impact on enterprises, including small and medium-sized enterprises, stems mainly from the additional cost of permit and permit renewal applications, and the costs associated with the requirement to provide a certificate attesting to the compliance of the premises with the plans approved by the Ministère de la Famille.

Further information may be obtained by contacting Katherine Ferguson, Direction de l'accessibilité et de la qualité des services de garde, Ministère de la Famille, at 600 rue Fullum, Montréal (Québec) H2K 4S7, telephone: 514-873-6741, fax: 514-864-6736, email: katherine.ferguson@mfa.gouv.qc.ca

Any person wishing to comment on the draft Regulation is requested to submit written comments within the 60-day period to the Minister of Families, Nicole Léger, 425, rue Saint-Amable, 4^e étage, Québec (Québec) G1R 4Z1.

NICOLE LÉGER,
Minister of Families

Regulation to amend the Educational Childcare Regulation

Educational Childcare Act
(chapter S-4.1.1, s. 106)

1. The Educational Childcare Regulation (chapter S-4.1.1, r. 2) is amended in section 1 by replacing “26 of the Act” in the definition of “impediment” by “26 and in the second paragraph of section 27 of the Act”.

2. Section 3 is amended by replacing “person an” by “person, a copy of the consent to investigation to allow the coordinating office to ensure that the consent allows investigation of all the information listed in the second paragraph of section 27 of the Act, along with the”.

3. Section 4 is replaced by the following:

“4. A permit applicant or permit holder must ensure that no person of full age working in the applicant’s or holder’s facility during the hours when childcare services are provided, including a trainee or volunteer who is present on a regular basis, has an impediment related to the abilities and conduct required to hold a position in a childcare centre or a day care 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.

The same applies, with the necessary modifications, to the home childcare coordinating office staff members assigned to manage the office, to recognize or to monitor or provide technical and pedagogical support to the home childcare providers the office has recognized.

Before being hired, those persons must consent in writing to an investigation of the information needed to verify the existence of such an impediment and provide to the permit applicant or permit holder or coordinating office, as the case may be, a copy of the consent to investigation to allow the applicant, holder or coordinating office to ensure that the consent allows investigation of all the information listed in the second paragraph of section 27 of the Act. Those persons must also, if applicable, consent to communication of the attestation establishing that no impediment exists to the permit applicant, permit holder or coordinating office, as the case may be, or submit the attestation of information that may establish an impediment to the applicant, holder or office for assessment.

This section also applies to a person who regularly transports children on behalf of a permit holder.

4.1. A permit applicant or permit holder must ensure that no minor works in the applicant’s or holder’s facility during the hours when childcare services are provided, including a trainee or volunteer, unless the minor is a trainee present as part of an educational childcare training program or an equivalent training program recognized by the Minister in accordance with section 22. In that case, the trainee must not be left alone with the children.

4.2 A permit holder who has recourse to an organization or enterprise providing replacement childcare staff members, or who allows a trainee of full age to work in the holder’s facility, must ensure that the organization, enterprise or institution that dispatched the replacement staff member or trainee has carried out the investigations provided for in section 4, in the manner provided for in that section, before allowing the replacement staff member or trainee to work in the facility. In the case of a replacement staff member, the permit holder must ensure that the replacement staff member has in his or her possession a copy of the consent and attestation referred to in third paragraph of section 4.”

4. The second paragraph of section 5 is replaced by the following:

“Before taking up the position, those persons must consent in writing to an investigation of the information needed to verify the existence of such an impediment and provide to the coordinating office a copy of the consent to investigation to allow the coordinating office to ensure that the consent allows investigation of all the information listed in the second paragraph of section 27 of the Act. Those persons must also consent to communication of the attestation establishing that no impediment exists to the person applying for recognition as a home childcare provider and to the coordinating office, or submit the attestation of information that may establish an impediment to that person or office for assessment, after examining the attestation and if they maintain their application.”

5. Section 6 is amended

(1) by replacing “A new attestation must be provided if” in the first paragraph by “A permit holder or home childcare provider must ensure that a new consent to investigation and a new attestation are provided if”;

(2) by inserting “2,” after “Sections” in the last paragraph.

6. Sections 10 and 11 are replaced by the following:

“**10.** A permit applicant must send an application in writing to the Minister together with the following information and documents, as applicable:

- (1) the applicant's name and address;
- (2) the name and address of the childcare centre or day care centre;
- (3) a certified true copy of its incorporating act;
- (4) a copy of the registration declaration or initial declaration entered in the enterprise register under the Act respecting the legal publicity of enterprises (chapter P-44.1) and of any declaration amending the declaration;
- (5) a certified true copy of the resolution authorizing the application;
- (6) the name and address of the residence of each member of the board of directors and each shareholder and, where applicable, their position as an officer of the legal person;
- (7) for the applicant or for each director or shareholder, consent to an investigation of the information needed to verify the existence of an impediment along with the attestation establishing that no impediment exists or the attestation of information that may establish an impediment, current to the date of the application;
- (8) the name and the address of the residence of each related person who is a permit holder;
- (9) the name and address of each facility where the children will receive childcare;
- (10) for each facility,
 - (a) the age classes and maximum number of children to be accommodated in each class;
 - (b) a copy of a duly registered title of ownership, a lease whose term is at least five years, or an authorization to occupy the premises without charge for at least five years, including the outdoor play space;
 - (c) a plan of the layout of the premises signed and sealed by an architect; and
 - (d) a true plan, to scale, of the outdoor play space referred to in section 39 together with a site plan for the play space showing its location in relation to the facility;
- (11) proof that the childcare staff meets the qualification requirements referred to in sections 20 and 22;
- (12) the educational program that the applicant proposes to apply, including the activities to achieve the objectives set out in section 5 of the Act;

(13) the operating hours of the childcare centre or day care centre;

(14) the general orientations and the policies governing the admission and expelling of children;

(15) the typical schedule of the activities to implement the educational program, including all outings and the meal and snack times;

(16) the applicant's procedure for processing complaints; and

(17) where applicable, mention that the applicant already holds a permit issued under the Act or the Act respecting private education (chapter E-9.1).

11. The applicant must, once the layout of the premises is complete, provide a certificate attesting to its compliance with the plans approved by the Minister in accordance with section 19 of the Act. The certificate must be issued by an architect or any other professional accredited to issue it."

7. Section 13 is amended by replacing "168" by "1,515".

8. Section 14 is amended by striking out "11".

9. Section 15 is amended by replacing "88" by "500".

10. The following is inserted after section 16:

"**16.1.** A permit holder who, in accordance with sections 18 and 21 of the Act, wishes to alter a facility or add a new facility must apply in writing to the Minister and include the plans provided for under section 18.

The permit holder must, within 10 days after the layout of the premises is completed, provide a certificate attesting that they comply with the plans approved by the Minister in accordance with section 19 of the Act. The certificate must be issued by an architect or any other professional accredited to issue a certificate."

11. The following is inserted after section 18:

"**18.1.** The permit holder is required to apply the educational program and to comply with the policy governing the admission and expelling of children and the procedure for processing complaints provided to the Minister.

Despite the provisions of section 14, any change to the elements described in the first paragraph must be sent to the Minister within 30 days after being adopted."

12. Section 20 is replaced by the following:

“20. A permit holder must ensure that each childcare staff member holds a certificate not older than 3 years attesting that the member has successfully completed a minimum 8-hour early childhood first aid course including a component on the management of severe allergic reactions or a minimum 6-hour refresher course updating the knowledge acquired as part of the early childhood first aid course.”

13. The following is added after section 23:

“23.1. A permit holder has until the fifth anniversary of the date of issue of the permit to comply with the provisions of section 23.

During this period, the permit holder must ensure that at least 1 childcare staff member out of 3 is qualified and present each day with the children while childcare is being provided.

23.2. A permit holder whose permit has been modified to increase the maximum number of children that may be provided with childcare in the permit holder’s facility has until the fifth anniversary of the date of the modification to comply with the provisions of section 23.

During this period, the permit holder must ensure that at least 1 childcare staff member out of 3 is qualified and present each day with the children while childcare is being provided.”

14. Section 25 is amended

(1) by replacing “or day care centre” in the part preceding paragraph 1 by “or, in the case of a day care centre, at the address where childcare is provided.”

(2) by replacing 2 by the following:

“(2) for persons working in the facility who must provide them, including trainees and volunteers who are present on a regular basis, a copy of the consent and attestation establishing that no impediment exists, not older than 3 years, and the attestation of information that may establish an impediment, not older than 3 years, accompanied by a certified true copy of the board of directors’ resolution certifying that the person covered by the attestation has no impediment.”

15. Section 32 is amended by replacing the part preceding subparagraph 1 by the following:

“32. The permit holder must ensure that the play area”.

16. Section 33 is amended by striking out paragraph 5.**17.** Section 34 is amended

(1) by replacing “the premises” in the part preceding paragraph 1 by “the premises of every facility operated by the permit holder”;

(2) by replacing “telephone” in paragraph 2 by “wired telephone accessible at all times to staff members”;

(3) by replacing paragraph 3 by the following:

“(3) a first aid kit that contains the items listed in Schedule I, is unlocked, kept out of the reach of the children, accessible at all times to staff members, and suitable in terms of quantities to the number of the children provided with childcare.”

18. Section 36 is amended by inserting “, bassinets” after “beds” in the second paragraph.

19. Section 37 is replaced by the following:

“37. When providing a crib with posts and slats or a playpen, a permit holder must ensure that the crib or playpen complies with the standards in the relevant regulations made under the Canada Consumer Product Safety Act (S.C. 2010, c. 21).

A modified crib or playpen must comply with those regulations and meet the requirements set out therein. In addition, the permit holder must be able to show that the crib or playpen has been tested according to the standards established in the regulations.”

20. Section 38 is replaced by the following:

“38. A permit holder must ensure that circulation areas, play areas and service areas are safe, clean, well maintained and free of all obstacles that may block circulation or limit their use.

“38.1. A permit holder must ensure that all equipment, furnishings and play materials on the premises are kept clean, in good condition or repaired so that they may be used as originally intended and disinfected regularly when the children are absent. The permit holder must also ensure that they are used safely and do not present any potential dangers by reason of their nature, the place where they are used and the presence of children.”

21. Section 40 is replaced by the following:

“40. A permit holder must ensure that an outdoor play space and the play equipment it contains comply with the “CAN/CSA-Z614, Children’s Playspaces and Equipment” standard of the Canadian Standards Association, as it reads on the day on which they are laid out.

The permit holder must, in addition, comply with the standard in connection with inspections and maintenance, draft the annual report mentioned and keep all the registers provided for therein.

A permit holder who modifies a play area or the play equipment it contains must apply the “CAN/CSA-Z614, Children’s Playspaces and Equipment” standard to the modification, as it reads on the day of the modification.”.

22. Section 42 is amended by replacing “30 June” by “31 October”.**23.** Section 48 is amended

(1) by replacing the part preceding paragraph 1 by the following:

“48. A coordinating office must keep the following up-to-date information and documents at its principal establishment:”;

(2) by replacing paragraph 1 by the following:

“(1) the register required under section 59 of the Act;”;

(3) by inserting “or who have ceased their operations” after “revoked” in paragraph 3;

(4) by inserting the following after paragraph 5:

“(6) a copy of the record of any person recognized as a home childcare provider who has ceased his or her operations in the territory of the office but has established a home childcare service in another territory.”.

24. The following is inserted after section 48:

“48.1. A coordinating office must keep the record of a recognized home childcare provider or a copy of the record kept under paragraphs 5 and 6 of section 48 for 6 years following the date on which the home childcare provider ceases his or her operations.”.

25. Section 51 is amended

(1) by adding “and authorized to work in Canada” at the end of paragraph 1;

(2) by adding “and 81.1” at the end of paragraph 2;

(3) by inserting the following after paragraph 6:

“(6.1) provide childcare services in a private residence that, for the purposes of the childcare services provided there, is reserved for his or her exclusive use;”;

(4) by replacing paragraph 8 by the following:

“(8) hold a certificate not older than 3 years attesting successful completion of a minimum 8-hour early childhood first aid course including a component on the management of severe allergic reactions or a minimum 6-hour refresher course updating the knowledge acquired as part of the early childhood first aid course;

(8.1) have successfully completed the training program specified in section 57 and, where applicable, the refresher training specified in section 59;”;

(5) by replacing “adult assistant and those of the person designated to occasionally replace the natural person” in paragraph 9 by “adult assistant and the replacement staff members listed in section 81”.

26. Section 53 is replaced by the following:

“53. Before a person is recognized as a home childcare provider, a coordinating office must first interview that person and each person over 14 years of age residing in the residence where the person proposes to provide childcare.

The coordinating office must, in addition, after making an appointment, visit the entire residence where the childcare will be provided and, where applicable, any outdoor yard that is to be used for the provision of childcare services and any outbuildings in the yard to ensure that they are safe and suitable in light, in particular, of the number and age of the children.

A report on the visit and interviews must be drawn up.”.

27. Section 54 is replaced by the following:

“54. If the person applying for recognition intends to be assisted by another person, that person must

(1) be at least 18 years of age;

(2) have the ability to establish a friendly relationship with the children and adequately meet their needs;

(3) have the physical and mental health necessary to provide childcare; and

(4) hold a certificate not older than 3 years attesting successful completion of a minimum 8-hour early childhood first aid course including a component on the management of severe allergic reactions or a minimum 6-hour refresher course updating the knowledge acquired as part of the early childhood first aid course.”.

28. The following is inserted after section 56:

“**56.1.** The home childcare provider must keep the following documents and information concerning any assistant:

(1) a copy of the assistant’s act of birth or of any other document establishing the assistant’s identity and date of birth;

(2) a description of the assistant’s work experience and education;

(3) a physician’s certificate attesting that the assistant has the physical and mental health necessary to provide childcare;

(4) the names, addresses and telephone numbers of 2 persons other than relatives who have known the assistant for at least 2 years and who are able to attest to the assistant’s ability to assist the home childcare provider; and

(5) the documents showing that the assistant meets the requirements of paragraph 4 of section 54 and of section 58.

The home childcare provider must, on request, allow the coordinating office to consult and make copies of the documents.”.

29. Section 57 is amended by replacing the first paragraph by the following:

“**57.** A home childcare provider, unless qualified as provided for in section 22, must have completed, in the two years preceding the application for recognition, a training program of at least 45 hours pertaining to

- (1) the role of a home childcare provider;
- (2) child development;
- (3) safety, health and diet; and
- (4) the educational program provided for in the Act.”

30. Section 58 is replaced by the following:

“**58.** The home childcare provider must ensure that any assistant, unless holding the qualification mentioned in section 22, has completed child development training of a duration of at least 12 hours within the two preceding years before beginning work.”.

31. Section 59 is replaced by the following:

“**59.** The home childcare provider must take 6 hours of refresher training every year on the topics listed in subparagraphs 1 to 4 of the first paragraph of section 57, including at least 3 hours on child development and the educational program provided for in the Act.

A first aid course, or the training on food hygiene and safety required by the Regulation respecting food (chapter P-29, r. 1), may not be considered as refresher training.”.

32. Section 60 is amended

- (1) by replacing paragraph 1 by the following:

“(1) a copy of the act of birth, Canadian citizenship certificate, permanent resident card or any other document establishing the applicant’s identity, date of birth and right to work in Canada;”;

- (2) by inserting “(8.1),” after “(8)” in paragraph 10;

- (3) by replacing paragraph (12) by the following:

“(12) if the applicant is assisted by another person, the assistant’s name and residential address.”.

33. The following is added after section 64:

“**64.1.** A coordinating office that has reasonable grounds to believe that a recognized home childcare provider no longer meets the condition set out in paragraph 4 of section 51 may request that a new physician’s certificate meeting the requirements of paragraph 4 of section 60 be provided.”.

34. Section 66 is amended by replacing “or visit the residence” at the end of the first paragraph by “or, after making an appointment, verify the elements listed in section 53 concerning the change, in the manner provided for therein.”.

35. Section 68 is amended:

(1) by replacing “must so notify the coordinating office at least 30 days in advance” by “must notify the coordinating officer in writing at least 30 days in advance. The notification must state the address at which the home childcare provider intends to establish the new childcare service, and the coordinating office to which the record established under paragraph 5 of section 48 must be transferred.”;

(2) by adding the following paragraph:

“The home childcare provider must resume services not later than 60 days after the date on which operations cease in the territory of the recognizing coordinating office.”.

36. Section 69 is replaced by the following:

“**69.** The coordinating office must, within 10 days after the home childcare provider’s operations cease, send, to the coordinating office in the territory where the home childcare provider proposes to operate, the original of the record established under paragraph 5 of section 48, and keep a copy of the record.”.

37. Section 70 is amended by replacing the first paragraph by the following:

“**70.** Within 15 days of receipt of the record sent pursuant to section 69, the coordinating office must interview the person concerned, visit the residence where the person proposes to provide childcare and, after making an appointment, verify for the same purposes the elements listed in section 53 in the manner provided for in that section.”.

38. Section 73 is amended

(1) by striking out “and, where applicable, the adult assisting the home childcare provider” in the first paragraph;

(2) by replacing the second paragraph by the following:

“The coordinating office must also, after making an appointment, visit the residence while childcare is being provided to verify for the same purposes the elements listed in section 53 in the manner provided for in that section. It must also ensure compliance with the Act and the regulations, in particular concerning compliance with the conditions of recognition.”.

39. Section 75 is amended by replacing “6, 64, 65, 67” in paragraph 3 by “6, 56.1, 64, 65, 67.”.

40. Section 76 is amended by replacing “director of youth protection has decided to act on a situation involving the provider or a person residing with the provider” in the second paragraph by “provider or a person residing with the provider is reported to the director of youth protection”.

41. Section 79 is replaced by the following:

“**79.** A home childcare provider wishing to interrupt operations by reason of an illness, a pregnancy or the birth or adoption of a child may apply to the recognizing coordinating office to have the recognition suspended.

Except in the case of a preventive withdrawal of a pregnant home childcare provider, the application must be made at least 30 days before the scheduled date of the interruption and the parents of the children must be informed thereof within that period. In an emergency, the home childcare provider must apply to the coordinating office and inform the parents as soon as possible.

The coordinating office suspends recognition from the date indicated in the application for the period determined in the application or, in a case of illness, for the period determined by a physician’s attestation.

In the case of the preventive withdrawal of a pregnant home childcare provider, the coordinating office suspends recognition from the date of receipt of the certificate provided for in section 40 of the Act respecting occupational health and safety (chapter S-2.1) confirming the home childcare provider’s condition, and informs her of the suspension in writing. The home childcare provider must notify the parents of the children without delay.

79.1. In the cases provided for in section 79, the suspension of recognition cannot exceed 24 months, except in the case of a preventive withdrawal.

79.2. A home childcare provider wishing to interrupt operations to take part in the negotiations or association activities provided for in the Act respecting the representation of certain home childcare providers and the negotiation process for their group agreements (chapter R-24.0.1) may, after obtaining authorization from the Minister, apply to the recognizing coordinating office for a suspension of recognition.

The coordinating office suspends recognition from the date indicated and for the period determined by the Minister. The Minister notifies the home childcare provider and the recognizing coordinating office, in writing. The home childcare provider must notify the parents of the children without delay of the interruption of operations.

79.3. A home childcare provider whose recognition has been suspended pursuant to sections 79 and 79.2 and whose recognition expires during the suspension must, within 60 days of the date scheduled for resumption of operations, submit an application for the renewal of recognition to the recognizing coordinating office, along with the information and documents listed in section 60, when those previously submitted are no longer accurate or are incomplete or outdated.”.

42. Section 80 is amended by replacing the first paragraph by the following:

“**80.** Within 30 days of the date scheduled for resumption of the home childcare provider’s operations whose recognition has been suspended pursuant to sections 79 and 79.2, the coordinating office must interview the provider and each person over 14 years of age residing in the residence where the childcare is to be provided. The coordinating office must also visit the residence and verify the elements listed in section 53.”.

43. Section 81 is amended

(1) by replacing “an adult” in the first paragraph by “a person of full age”;

(2) by replacing the second paragraph by the following:

“The provider may also designate a person of full age to occasionally replace the provider, or to replace an assistant.”.

44. The following is inserted after section 81:

“**81.1.** A home childcare provider may only be replaced by an occasional replacement for a number of days representing 20% of the total number of days during which the home childcare service is open, calculated annually.

81.2. A home childcare provider must keep a register of replacements, indicating the number of days of replacement and the number of hours per day of replacement.

The information in the register must be kept for a period of six years.

81.3. A home childcare provider must, on request, allow the coordinating office to consult and make copies of the register.”.

45. Section 82 is replaced by the following:

“**82.** The occasional replacement must

(1) be at least 18 years of age;

(2) have the ability to establish a friendly relationship with the children and adequately meet their needs;

(3) have the physical and mental health necessary to provide childcare; and

(4) hold a certificate not older than 3 years attesting successful completion of a minimum 8-hour early childhood first aid course including a component on the management of severe allergic reactions or a minimum 6-hour refresher course updating the knowledge acquired as part of the early childhood first aid course.”.

82.1. The occasional replacement must, unless holding the qualification mentioned in section 22, have completed child development training of a duration of at least 12 hours not later than 6 months after beginning work.

82.2. A home childcare provider must keep the following documents and information concerning an occasional replacement:

(1) a copy of the occasional replacement’s act of birth or of any other document establishing the occasional replacement’s identity and date of birth;

(2) a description of the occasional replacement’s work experience and education;

(3) a physician’s certificate attesting that the occasional replacement has the physical and mental health necessary to provide childcare;

(4) the names, addresses and telephone numbers of 2 persons other than relatives who have known the occasional replacement for at least 2 years and who are able to attest to the occasional replacement’s ability to replace the home childcare provider; and

(5) the documents showing that the occasional replacement meets the requirements of paragraph 4 of section 82 and of section 82.1.

The home childcare provider must, on request, allow the coordinating office to consult and make copies of the documents.”.

46. Section 86 is replaced by the following:

“**86.** The coordinating office must make 3 unannounced visits per year to the residence while the childcare services are being provided to verify compliance with the Act and the regulations, including compliance with the conditions for recognition. The first visit must take place within three months after recognition is granted.

During each visit, the coordinating office verifies the premises and equipment used to provide childcare services, wherever they are located. It may also verify the compliance of the other elements provided for in the Act and regulation.

Unless it is acting in response to a complaint, the coordinating office does not verify any other rooms.

If the coordinating office finds that the Act or regulations are not being complied with, it must notify the home childcare provider in writing so that the provider remedies the non-compliance as soon as possible. The coordinating office must follow up on the situation.

The coordinating office may also make an unannounced visit to a home childcare provider following a complaint to verify the object and validity of the complaint. It must at that time inform the provider of the nature of the complaint during the visit.

A report must be drawn up on the visits and follow-up to a complaint.”

47. The title of Division III of Chapter III is amended by replacing “PREMISES” by “RESIDENCE”.

48. Section 87 is replaced by the following:

“**87.** A home childcare provider must ensure that the residence include a kitchen, an area designated for eating, a room with sanitary facilities and a room for children’s games and activities with a window to the outside.

Any room the use of which is reserved solely to members of the home childcare provider’s family and that is not part of the residence’s common spaces must be equipped with a door that is closed at all times while childcare is being provided, unless an adult is in the room.”

49. Section 88 is replaced by the following:

“**88.** A home childcare provider must ensure that the rooms and shared spaces are safe clean, properly maintained, well ventilated and at a temperature of at least 20°C.”

50. Section 89 is replaced by the following:

“**89.** If children in diapers are accommodated, the residence must include at least one area designated for diaper changing.”

51. Section 91 is amended

(1) by adding “, other than a cellphone” after “telephone” in paragraph 1;

(2) by replacing paragraph 2 by the following:

“(2) a first aid kit that contains the items listed in Schedule I, is unlocked, kept out of the reach of the children, accessible to the home childcare provider and any replacement or assistant, and is suitable in terms of quantities to the number of the children receiving childcare.”

52. Section 94 is amended by replacing the first paragraph by the following:

“**94.** Cribs with posts and slats, cradles and playpens used by a home childcare provider must comply with the standards enacted by the relevant regulations made under the Canada Consumer Product Safety Act (S.C. 2010, c. 21).”

53. Section 98 is amended by inserting “or residence, as the case may be,” after “premises”.

54. Section 99 is replaced by the following:

“**99.** A childcare provider must ensure that no alcoholic beverage is drunk on the premises or in the residence where childcare is provided, during the hours when childcare is provided.”

55. Section 101 is replaced by the following:

“**101.** A childcare provider must post near the telephone provided for in section 34 or 91, as the case may be, a list of the telephone numbers for

(1) the Centre antipoison du Québec;

(2) the person designated as the emergency replacement person under section 24 or the first paragraph of section 81; and

(3) the nearest health and social services centre, or the health and social services centre serving the territory.

The childcare provider must also ensure that the following lists are kept close to the telephone:

(1) a list of the telephone numbers of the regular staff members and replacements if applicable; and

(2) a list of the telephone numbers of the parent of each child.”

56. Section 103 is replaced by the following:

“**103.** A childcare provider must ensure that toys are safe, non toxic, washable, robust, suitable for the age of the children and in proper operating condition, and comply

with the safety standards prescribed by the relevant regulation under the Canada Consumer Product Safety Act (S.C. 2010, c. 21).

103.1. A childcare provider must ensure that the bedding used by each child is identified and stored separately and does not come into contact with the bedding of another child.”

57. Section 104 is replaced by the following:

“**104.** A childcare provider must ensure and be able to demonstrate at all times that any climbing apparatus, swing, slide or similar equipment installed indoors has smooth surfaces with no sharp edges, is safe and is installed and used according to the manufacturer’s instructions and conditions of use.”

58. Section 105 is replaced by the following:

“**105.** A childcare provider must ensure that any folding gates, expandable enclosures, carriages and strollers for babies and children used comply with the relevant regulations made under the Canada Consumer Product Safety Act (S.C. 2010, c. 21).”

59. Section 106 is replaced by the following:

“**106.** A childcare provider who uses a portable wading pool must disinfect the pool prior to use and ensure that it is emptied when not in use.”

60. Section 108 is amended, in the French text, by inserting “de garde” after “services”.

61. The following is added after section 114:

“**114.1** The childcare provider must ensure that access to the facility or residence where childcare is provided is controlled during the hours when childcare is provided.”

62. Division II of Chapter IV, comprising sections 116 to 121, is replaced by the following:

**“DIVISION II
MEDICATION, INSECT REPELLANT, TOXIC
PRODUCTS AND CLEANING PRODUCTS**

*§1. Keeping, administration and labelling
of medication*

116. A childcare provider may not keep any medication that is not in its original container or packaging, as the case may be, clearly labelled and marked with the name of the person for whom it is intended.

However, a home childcare provider is only subject to the provisions of the first paragraph with regard to medication for the children receiving childcare.

117. Subject to the provisions of section 120, the childcare provider must ensure that only medication provided by a parent of the child for whom it is intended is administered to that child.

The label on the container must clearly state the child’s name, the name of the medication, the expiry date, the dose and the duration of the treatment.

118. The childcare provider must ensure that medication intended for a child receiving childcare is only kept and administered if its administration is authorized in writing by the parent and by a health care professional authorized by law to prescribe the medication. The information recorded by the pharmacist on the label identifying the medication is proof of the authorization by the health care professional.

A childcare provider may not keep medication for children that has expired. If the medication was provided by a parent, it must be returned to the parent.

119. The written authorization from the parent must include the child’s name, the name of the medication to be administered, the instructions for administration, the duration of the authorization and the parent’s signature.

120. Despite section 118, the childcare provider may administer saline nasal drops, an oral hydration solution, diaper rash cream, lubricant jelly in single-dose packs for taking a child’s temperature, moisturizing cream, lip balm, calamine lotion or sunscreen cream to a child without the authorization of an accredited health care professional.

With the exception of a saline nasal drops, moisturizing cream and lip balm, the childcare provider may supply the medication referred to in the first paragraph. However, if the medication is provided by the parent, the container must be clearly marked with the name of the child concerned.

Despite the provisions of the second paragraph of section 117, the information on the original container or packaging for the lubricant jelly, lip balm and moisturizing cream is sufficient.

121. Despite sections 116 and 118, a childcare provider may supply, keep and administer acetaminophen to any child without the authorization of an accredited health care professional, but only in accordance with the protocol in Schedule II duly signed by the parent.

However, if the acetaminophen is supplied by the parent, its container must be clearly marked with the name of the child concerned.

121.1 A permit holder must designate one or more persons, in writing, to administer medication in each facility.

The permit holder must ensure that only a designated person administers medication to a child.

A home childcare provider or, in the absence of the home childcare provider, a replacement provided for in section 81 may also administer medication to a child receiving childcare.

121.2 The childcare provider must keep a medication administration sheet for each child receiving childcare.

The medication administration sheet must contain the name of the child, the name of the parent, the name of the medication for which the parent authorizes administration, the date and hour of administration to the child, the dose administered, the name of the person who administered the medication, and that person's signature.

However, the childcare provider is not required to record information, on the sheet, concerning the administration of a medication provided for in section 120, except calamine lotion and oral hydration solution.

The childcare provider must ensure that a person who administers medication records that fact on the sheet.

121.3. The childcare provider must keep the medication administration sheet, the administration protocols and the authorizations, if required, in a file reserved for that purpose, kept on the premises and available for consultation by a person administering medication.

The original copy of the file and the documents it contains must be given to the parent when childcare services are no longer required for the child. A copy of the file and of the documents it contains must be kept for six years after the childcare ceases.

§2. Storage of medication

121.4. A childcare provider must ensure that medication is stored in a storage space out of the reach of children and away from food, toxic products and cleaning products. The permit holder must keep the storage space locked.

However, oral hydration solutions need not be stored away from food or under lock and key.

Similarly, saline nasal drops, diaper rash cream, lubricant jelly, moisturizing cream, lip balm and sunscreen cream need not be stored under lock and key.

Epinephrine auto-injectors need not be stored under lock and key and must be accessible to staff members and the home childcare provider, a replacement or an assistant.

121.5. A home childcare provider must store the medication intended for children receiving care separately from other medication used in the residence where childcare is provided.

§3. Keeping, administration and storage of insect repellents

121.6. The childcare provider must ensure that no insect repellent is kept or administered to a child receiving childcare except in accordance with the protocol in Schedule II, duly signed by the parent.

The childcare provider must ensure that the insect repellent is clearly labelled, kept in its original container, and stored in a storage space out of the reach of children and away from food and medication. The permit holder must keep the storage space locked.

121.7. The permit holder must designate, in writing, one or more persons to apply insect repellent in each facility.

The permit holder must ensure that only a designated person applies insect repellent.

A home childcare provider or, if the home childcare provider is absent, a replacement provided for in section 81, may also apply insect repellent to a child receiving childcare.

121.8. The childcare provider must ensure that a person who applies insect repellent records that fact on the sheet provided for in section 121.2.

§4. Labelling and storage of toxic products and cleaning products

121.9. The childcare provider must ensure that toxic products and cleaning products are clearly labelled and stored out of the reach of children in a locked storage space reserved for that purpose.

For the purposes of the first paragraph, a product stored in a locked storage space, in a room that is not accessible to the children receiving care and is locked at all times when the staff are not present, is considered to be out of the reach of children.

Similarly, a product stored under lock and key in the residence where home childcare is provided is considered to be out of the reach of children.

Despite the first paragraph, an alcohol-based hand sanitizer dispenser, provided it is out of the reach of children, need not be stored under lock and key.”

63. Section 122 is amended by inserting “by the parent” after “signed” in the last paragraph.

64. Section 123.1 is amended by replacing “6, 21, 30 to 43 and 100 to 121” in the first paragraph by “4, 4.1, 6, 16.1, 18.1, 20, 21, 23, 25, 30 to 43 and 100 to 123”.

65. The following is inserted after section 123.1:

“**123.2.** A person who owes a recoverable amount is required to pay the following fees:

(1) \$50 for a certificate issued under section 101.15 of the Act;

(2) \$175 for each measure taken to secure a debt pursuant to Title III of Book VI of the Civil code of Québec and for each measure taken pursuant to Title II of Book IV of the Code of Civil Procedure (chapter C25).”.

66. Section 124 is amended by inserting “4, 4.1,” after “sections”.

67. Section 132 is repealed.

68. Section 133 is repealed.

69. Schedules I and II are replaced by the following:

SCHEDULE I

(ss. 34 and 91)

FIRST-AID KIT CONTENT

A basic first-aid manual

At least 1 pair of bandage scissors

At least 1 pair of splinter forceps

Several pairs of disposable gloves

A disposable protective device used for cardiopulmonary resuscitation

Individually wrapped sterile adhesive bandages of various shapes and sizes

Sterile gauze compresses (102 mm by 102 mm)

Individually wrapped sterile bandage compresses

Roll of hypoallergenic adhesive tape (25 mm by 9 m)

Rolls of sterile gauze bandage (50 mm by 9 m and 102 mm by 9 m)

Eye bandages

Individually wrapped antiseptic swabs to disinfect hands

Alcohol swabs to disinfect instruments

At least one digital thermometer with disposable tips to take axillary temperature

Triangular bandages

Safety pins

Sealable plastic bags to hold contaminated objects

SCHEDULE II

(ss. 121 and 121.6)

PROTOCOLS

1. PROTOCOL FOR ADMINISTERING ACETAMINOPHEN TO TREAT FEVER

Acetaminophen is the generic name of the medication that is commercially available under the following brand names: Atasol, Tempra, Tylenol and other house brand names. Acetaminophen has analgesic (pain-reducing) and antipyretic (fever-reducing) properties, but does not have anti-inflammatory properties. Although it is an over-the-counter medication, its use should not be taken lightly.

Under the Educational Childcare Regulation (chapter S-4.1.1, r. 2), acetaminophen may be administered without medical authorization to a child receiving childcare, provided it is administered in accordance with this Protocol and that a parent has given written consent. The parent must declare any known allergy to acetaminophen. If a child is allergic to it, acetaminophen must not be administered by the childcare service. The child’s weight must be stipulated in kilograms on the authorization form, and must be verified by the parents (a parent’s initials are required) at least every three months.

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

Under this Protocol, acetaminophen may be administered solely to reduce fever. It may not be administered:

— to children under 3 months of age (a child under 3 months of age who has a fever should be taken to see a physician);

— to relieve pain (a child who is in pain should be taken to see a physician);

— for more than 48 consecutive hours (2 days);

— to children who have received medication containing acetaminophen in the preceding 4 hours.

In those 4 cases, the Protocol does not apply and written authorizations from a physician and the parent are required to administer the medication.

Acetaminophen must never be administered before taking the child's temperature using a thermometer.

Childcare providers may have their own acetaminophen container, in which case the brand name, the dosage form (e.g. liquid suspension) and the concentration (80 mg/ml, 80 mg/5ml or 160 mg/5ml) must be indicated on the authorization form.

Childcare providers who purchase acetaminophen at the pharmacy must be careful to buy products containing only acetaminophen. Products that combine acetaminophen with other medications (decongestants, cough-relieving agents, expectorants) are strictly prohibited. Childcare providers should not hesitate to ask the pharmacist for advice, so as to purchase a product with the correct concentration of acetaminophen and at the best price. House brand names of acetaminophen sold in pharmacies are all as effective as brandmarks and are often less expensive.

To minimize the risk of mistakes, childcare providers should keep only the liquid form of acetaminophen, at one concentration (80 mg/ml, 80 mg/5ml or 160 mg/5ml). If they provide care only for children under 18 months of age, it is recommended that they use a concentration of 80 mg/ml. If they provide care only for children over 18 months of age, it is recommended that they use a concentration of 80 mg/5 ml or of 160 mg/5 ml. Childcare providers who provide care for children of all ages should select and keep to hand only one of the three available concentrations (80 mg/ml, 80 mg/5ml or 160 mg/5ml).

Liquid acetaminophen should be used. With tablets, it is not possible to give an accurate dose, especially to children under 5 years of age. Tablets should therefore be avoided.

Childcare providers must ensure that all the acetaminophen in their possession has a valid expiry date. Acetaminophen that is outdated must be returned to the pharmacy, where it will be destroyed.

All forms of acetaminophen must be kept under lock and key, out of the reach of children.

It is strictly forbidden to use acetaminophen formulated for adults (500 mg and 325 mg tablets).

Any administration of acetaminophen must be recorded on the medication administration sheet. The parent must be informed of the number of daily administrations and times of administration.

WHAT YOU SHOULD KNOW

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 temperature is above the normal temperature range when measured with a thermometer. Normal temperature varies depending on where the measurement is taken.

Levels above which fever is present, depending on the measurement method

Measurement method	Level in degrees Celsius (°C) above which a child is considered to have a fever
Oral (mouth)	38°C and over
Rectal (rectum)	38.5°C and over
Tympanic (ear)	38.5°C and over
Axillary (underarm)	37.5°C and over

How to take a child's temperature

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, irritability, etc.) or physical symptoms (flushed cheeks, excessively warm skin, sweating) could be signs of fever. Rectal measurement is the most reliable method, and underarm measurement is the least reliable.

The following measures are recommended:

— take the rectal temperature of children under 2 years of age. At that age, to know if they have a fever, the axillary temperature may also be taken (underarm). If it is equal to or greater than 37.5°C, a second reading should be taken rectally to confirm that the child does in fact have a fever;

— take the axillary (underarm) or tympanic (ear) temperature of children between 2 and 5 years of age;

— take the oral (mouth) temperature of children over 5 years of age only. The tympanic (ear) temperature may also be taken;

— use the appropriate thermometer. Glass and mercury thermometers should not be used because of the risk of accidental exposure to mercury if they break. Fever strips (strips placed on the forehead or cheeks) are not recommended because they do not give accurate readings. Digital thermometers are recommended;

— always use disposable plastic tips because they are more hygienic. In addition, always disinfect the thermometer properly between uses, in accordance with the manufacturer's recommendations;

— apply a water-based lubricant jelly or petroleum jelly from a single-dose sachet to the disposable plastic tip before taking a child's temperature rectally;

— if the child has just been physically active or has drunk a cold or hot liquid, wait for 20 minutes before taking his or her temperature;

— always comply with the time requirements for the thermometer being used, since it will vary from one thermometer to the next.

WHAT YOU SHOULD DO

Children under 3 months of age

If a child under 3 months of age has a fever, that is, if the rectal temperature is 38.5°C or above:

— dress the child comfortably, in lightweight clothing;

— have the child drink 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;

— notify the parent immediately, ask the parent to come and pick up the child and, in the meantime, apply the measures listed above;

— 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.

Children 3 months of age or older

If a child 3 months of age or older has a fever, that is, if the rectal temperature is 38.5°C or above or if the axillary temperature is 37.5°C or above if a child is over 2 years of age:

— dress the child comfortably, in lightweight clothing;

— have the child drink 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;

— inform the parent of the child's condition;

— if the childcare provider considers it necessary, acetaminophen may be administered to relieve the child, according to the dosage guidelines in the table included in this Protocol, or the dosage instructions on the medication container, in accordance with the rules in this Protocol;

— one hour after administering acetaminophen, take the child's temperature again; if the temperature has not fallen or if the child's general condition has not improved, 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.

Calculating and administering a dose of acetaminophen

It is not always necessary to administer medication to reduce fever if the child has no other symptoms.

When you administer acetaminophen:

— Check the child's weight in the file. For the treatment to be effective, weight and not age should be used to determine the dose. If in doubt, contact the parent to check the child's weight.

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

—Wash your hands before handling the medication.

—Always check:

- the name of the product on the container, to make sure it really is acetaminophen;
- the acetaminophen concentration (80 mg/ml, 80 mg/5ml or 160 mg/5 ml) shown on the medication container, before deciding on the dose to be administered;
- the product's expiry date;

—Use the table in this Protocol or follow the manufacturer's instructions to decide the dose that will be administered.

—Never exceed the dose shown in the table in this Protocol or that shown on the medication container.

—When administering acetaminophen in liquid form, always measure the dose accurately, using an oral syringe or medicine dropper calibrated in ml; never use a kitchen spoon. An oral syringe graduated in ml is particularly recommended because it produces a more accurate measurement.

—If the acetaminophen is a liquid suspension, shake the container before removing the dose.

—Once the dose has been measured using the calibrated oral syringe or medicine dropper, pour the medication into a medicine spoon or goblet calibrated in ml, and administer it to the child; never put a medicine dropper or syringe directly into a child's mouth, unless it is disposable. If the spoon or goblet is to be used again, it must be washed in very hot water after use.

—Wash your hands after administering the medication.

Acetaminophen doses based on the child's weight

Child's weight	Volume of medication to be administered, by acetaminophen concentration		
	80 mg/ml	80 mg/5ml	160 mg/5 ml
4.3 – 5.3	0.8 ml	4 ml	2.0 ml
5.4 – 6.3	1.0 ml	5 ml	2.5 ml
6.4 – 7.4	1.2 ml	6 ml	3.0 ml

Child's weight	Volume of medication to be administered, by acetaminophen concentration		
	80 mg/ml	80 mg/5ml	160 mg/5 ml
7.5 – 8.5	1.4 ml	7 ml	3.5 ml
8.6 – 9.5	1.6 ml	8 ml	4.0 ml
9.6 – 10.6	1.8 ml	9 ml	4.5 ml
10.7 – 11.7	2.0 ml	10 ml	5.0 ml
11.8 – 12.7	2.2 ml	11 ml	5.5 ml
12.8 – 13.8	2.4 ml	12 ml	6.0 ml
13.9 – 14.9	2.6 ml	13 ml	6.5 ml
15.0 – 15.9	2.8 ml	14 ml	7.0 ml
16.0 – 17.0	3.0 ml	15 ml	7.5 ml
17.1 – 18.1	3.2 ml	16 ml	8.0 ml
18.2 – 19.1	3.4 ml	17 ml	8.5 ml
19.2 – 20.2	3.6 ml	18 ml	9.0 ml
20.3 – 21.3	3.8 ml	19 ml	9.5 ml
21.4 – 22.3	4.0 ml	20 ml	10.0 ml
22.4 – 23.4	4.2 ml	21 ml	10.5 ml
23.5 – 24.5	4.4 ml	22 ml	11.0 ml
24.6 – 25.5	4.6 ml	23 ml	11.5 ml
25.6 – 26.6	4.8 ml	24 ml	12.0 ml
26.7 – 27.7	5.0 ml	25 ml	12.5 ml
27.8 – 28.7	5.2 ml	26 ml	13.0 ml
28.8 – 29.8	5.4 ml	27 ml	13.5 ml
29.9 – 30.9	5.6 ml	28 ml	14.0 ml
31.0 – 31.9	5.8 ml	29 ml	14.5 ml
32.0 – 33.0	6.0 ml	30 ml	15.0 ml
33.1 – 34.1	6.2 ml	31 ml	15.5 ml
34.2 – 35.1	6.4 ml	32 ml	16 ml

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

—The dosage unit may be repeated every 4 to 6 hours.

—Do not exceed 5 doses in a 24-hour period.

Mistakes when administering doses

If, after administering the medication, you find that the dose was too high, it is important to react immediately by contacting the Centre antipoison du Québec (1 800 463-5060) and following the instructions given. The child's parent must be informed.

WARNING

Ibuprofen (Advil, Motrin and other brands)

A clear distinction must be made between acetaminophen and ibuprofen. Ibuprofen must never be given to a child under 6 months of age.

Although both medications have 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 purposes of this Protocol. Care must be taken never to confuse ibuprofen and acetaminophen or substitute one for the other.

This Protocol may be applied as indicated, even if the child was given ibuprofen at home before being brought to the childcare service, regardless of the time that has elapsed. There is no reason why acetaminophen should not be given to a child to whom ibuprofen has been administered, since the two medications do not work in the same way.

OTHER MEDICATIONS:

Because of the availability of an increasing number of combination medications containing acetaminophen and another pharmaceutical product, greater care is needed when applying this Protocol. For example, a number of cough syrups contain acetaminophen.

Good communication between the parents and the person authorized to administer the medication is important. The person authorized to administer the medication must know what medication the child was given in the 4 hours before arriving at the childcare service and must ask the parent if it contained acetaminophen. At the same time, the parent must be informed of the doses of acetaminophen administered at the childcare centre, and the times of administration. There must be at least 4 hours between two doses of acetaminophen.

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, day care centre, person recognized as a home childcare provider or person assisting a home childcare provider, as the case may be, or person designated under section 81 of the Educational Childcare Regulation, where applicable) to administer to my child, in accordance with this Protocol, acetaminophen sold under the following brand name:

Child's surname and given name

Child's weight

Weight in kilos	Date	Parent's initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorization period

Parent's signature

Date

This Protocol is an adaptation of a protocol prepared by the Ministère de la Famille, reviewed by the Association des pédiatres du Québec, reviewed by representatives of the Ministère de la Santé et des Services sociaux, in 2010 and in 2013 and approved by the Association des pédiatres du Québec in 2013. The information it contains reflects the state of knowledge on the subject in 2013.

2 PROTOCOL FOR APPLYING INSECT REPELLENT

Under the Educational Childcare Regulation, insect repellent may be applied without medical authorization to a child receiving childcare, 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 DEET with a concentration of no more than 10% (N,N-diethyl-m-toluamide); read the product label carefully because the concentration of DEET varies significantly from product to product. Other insect repellents (e.g. citronella, lavender) are not recommended.

Childcare providers may have their own insect repellent container; the brand name, the form (lotion, cream, gel, liquid, non-aerosol or aerosol spray) and the concentration of the active ingredient DEET must be indicated on the authorization form. When purchasing an insect repellent, care is needed to avoid confusing the product required with insecticides designed to kill insects, which must not, under any circumstances, be applied to the body. Only personal insect repellents bearing a Pest Control Product registration number and labelled for human use by Health Canada should be used. Lastly, it is forbidden to use “2 in 1” products that act as both an insect repellent and a sunscreen. The reason for this is that sunscreen must be applied generously to all exposed skin and under clothing, to protect the child from the harmful effects of the sun, while an insect repellent should be applied in small amounts and never under clothing. It is for this reason that “2 in 1” products are not recommended.

To avoid confusion, it is recommended that childcare providers should keep only one type of insect repellent on hand. The product must be stored under lock and key, out of reach of the children. During outings, it is important to ensure that insect repellent is never within reach of the children

Repeated or excessive applications of insect repellent are unnecessary for effectiveness; it is recommended that the repellent be applied sparingly to the skin or clothing. 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;
- to the face; or
- in excessive amounts.

If a person gets insect repellent in his or her eyes, rinse immediately with plenty of water.

Insect repellents may not be used on children under 6 months of age without written authorization from a parent and a physician. Preventive measures must therefore be used to protect children of this age from mosquitoes (see the precautionary measures for children under 6 months of age).

It is recommended that insect repellent be applied only once a day to children between 6 months and 2 years of age, and a maximum of three times a day to children over 2 years of age.

Before the period of the year when mosquitoes appear (spring), it is recommended that the DEET-based products used by the childcare service should first be tested on the children to avoid undesirable reactions when they are brought into more general use. To do this, a small amount of insect repellent should be applied to a small area of the child’s skin (the size of a coin), preferably on the inside of the forearm, and left there for 24 hours. It is suggested that testing be done in the morning to see how well the children tolerate the product throughout the day, and then observe the results the following day. It is important to let parents know that the test will be done on that day. If a reaction occurs (e.g. rash, swelling), wash the treated skin immediately, inform the parent and suggest that the child be taken to see a physician. Make sure the parent has a list of the product’s ingredients for the physician. The results of the test should be written in the child’s file. Insect repellent should not be used on a child who reacts to the test, except with a written recommendation from a physician.

An insect repellent and sunscreen can both be used if they are not combined into one product. When a sunscreen and an insect repellent are used, it is recommended that

the sunscreen should have a sun protection factor (SPF) of 30, and that the insect repellent be applied at least 20 minutes after the sunscreen. Sunscreens lose approximately 30% of their effectiveness when DEET is applied.

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

Any application of insect repellent must be recorded in the register of medications prescribed by the Regulation and the parent must be 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 serves as a breeding ground for mosquitoes, and only after the precautionary measures below have been taken.

To avoid insect bites when outside, the children must

- 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 breeding 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 as quickly as possible.

Prevent children under 6 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 2 to 3 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 the 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. However it is important to ensure that the children do not put clothing treated with DEET 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:

- Insect repellents 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. In addition, it is preferable for the person applying the insect repellent to first spray it onto his or her own hands before applying the product to the child.

WHAT YOU SHOULD KNOW

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;
 - ask the children in a way that they understand not to touch with their hands the parts of their body or clothing on which insect repellent has been applied, not to put their fingers in their mouth or eyes, and not to chew clothing on which repellent has been applied;
 - 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;
 - preferably, wear gloves to apply the product;
 - put a small amount of the product in your hand, and apply it sparingly to exposed areas of skin or to clothing;
 - make sure the children do not touch the areas to which the insect repellent has been applied. If they do so, they should wash their hands with soapy water;
 - 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. This recommendation should also be passed on to the parents.

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 childcare centre, day care centre, person recognized as a home childcare provider or person assisting the home childcare provider, as the case may be, or person designated under section 81 of the Educational Childcare Regulation, 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, liquid, 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, originally prepared by the Ministère de la Famille, was reviewed by representatives of the Ministère de la Santé et des Services sociaux, in 2010 and in 2013 and approved by the Association des pédiatres du Québec in 2013. The information it contains reflects the state of knowledge on the subject in 2013.

TRANSITIONAL AND FINAL

70. Despite the provisions of section 9, a fee of \$88 is payable on the filing of an application for a permit renewal application between 1 April 2013 and 31 March 2014. The fee increases to \$225 for an application filed between 1 April 2014 and 31 March 2015 and to \$365 for an application filed between 1 April 2015 and 31 March 2016.

71. A person who, on (*insert the date of coming into force of this Regulation*), is a permit holder, has until (*insert the date occurring two years after the date of coming into force of this Regulation*) to comply with the provisions of section 20 of the Educational Childcare Regulation as amended by section 12 of this Regulation.

72. A home childcare provider who, on (*insert the date of coming into force of this Regulation*), is recognized, has until (*insert the date occurring two years after the date of coming into force of this Regulation*) to comply with the

provisions of paragraph 8 of section 51 of the Educational Childcare Regulation, as amended by section 25 of this Regulation.

73. A person who, on (*insert the date of coming into force of this Regulation*), assists a recognized home childcare provider has until (*insert the date occurring two years after the date of coming into force of this Regulation*) to comply with the provisions of paragraph 4 of section 54 of the Educational Childcare Regulation, as introduced by section 27 of this Regulation.

74. The provisions of section 57 of the Educational Childcare Regulation as it read before the amendment made by section 29 of this Regulation apply to a person who, on (*insert the date of coming into force of this Regulation*), is a recognized home childcare provider, for as long as that person remains a recognized home childcare provider.

75. The provisions of section 58 of the Educational Childcare Regulation as it read before the amendment made by section 30 of this Regulation apply to a person who, on (*insert the date of coming into force of this Regulation*), assists a recognized home childcare provider, for as long as that person remains an assistant.

76. A home childcare coordinating office that, in accordance with the provisions of paragraph 12 of section 60 of the Educational Childcare Regulation as it read before the amendment made by section 32 of this Regulation, holds the documents listed in that paragraph has until (*insert the date occurring 90 days after the date of coming into force of this Regulation*) to transfer them to a recognized home childcare provider.

77. A person who, on (*insert the date of coming into force of this Regulation*), acts as an occasional replacement has until (*insert the date occurring two years after the date of coming into force of this Regulation*) to comply with the provisions of paragraph 4 of section 82 of the Educational Childcare Regulation, as introduced by section 45 of this Regulation.

78. A person who, on (*insert the date of coming into force of this Regulation*), acts as an occasional replacement has until (*insert the date occurring six months after the date of coming into force of this Regulation*) to comply with the provisions of section 82.1 of the Educational Childcare Regulation, as introduced by section 45 of this Regulation.

79. A home childcare provider who designated an occasional replacement on or before (*insert the date of coming into force of this Regulation*) has until (*insert the date occurring six months after the date of coming into force of this Regulation*) to comply with the provisions of section 82.2 of the Educational Childcare Regulation, as introduced by section 45 of this Regulation.

80. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

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