



Opportunities for Public Health-Child Care Sectoral Collaboration to Advance Children's Environmental Health Equity in Child Care Settings

White Paper – Version 2

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This document is a product of an intersectoral initiative led by the **Canadian Partnership for Children’s Health and Environment (CPCHE)** in collaboration with the **Canadian Child Care Federation (CCCF** – a CPCHE partner organization), the **Ontario Public Health Association (OPHA** – a CPCHE partner organization) and the **Thunder Bay District Health Unit (TBDHU** – a CPCHE Affiliate). It was prepared by Gabrielle McMullan, consultant to CPCHE/CCCF (Part 1), Helen Doyle, OPHA (Part 2) and Erica Phipps, CPCHE, with contributions from Lyne Soramaki (TBDHU) and CCCF colleagues Marni Flaherty, Robin McMillan and Suzanne Schlechte.

A first version of this document was used to inform and catalyze discussions during a cross-sectoral roundtable discussion with public health and child care professionals convened by CPCHE and its partners on March 7, 2024. This document – version 2, reflects ideas and input shared and co-created during that virtual meeting as well as input provided by roundtable invitees prior to and following the meeting.

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CPCHE acknowledges that our work takes place on Indigenous traditional territories that stretch from coast to coast to coast across Turtle Island. As organizations and individuals dedicated to environmental health, we are deeply grateful to Indigenous peoples for their ongoing stewardship of these lands since time immemorial. We recognize that we are on a journey of reconciliation and are committed to listening, learning and working to decolonize our collaborative efforts towards the goal of healthy and sustainable environments for all children.

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DRAFT

Introduction

Canada is at a crossroads in the development of a universally affordable child care sector that promises to make quality child care attainable for all children and families across the country. At this moment of unprecedented opportunity, the Canadian Partnership for Children’s Health and Environment (CPCHE) and the Canadian Child Care Federation (CCCF), together with the Ontario Public Health Association (OPHA), the Thunder Bay District Health Unit (TBDHU) and others within and outside the CPCHE partnership, are actively pursuing and promoting actions to ensure that those early learning settings are not just available and affordable: they are healthy, sustainable and inclusive. This aim is outlined in the vision statement released by CPCHE, CCCF and multiple signatory organizations in 2022 (see [Annex 1](#)).¹

Ensuring that all children in Canada have an equal opportunity to learn and play in healthy and sustainable child care environments is an important step towards reducing environmental health inequities. Many children in Canada, including those who live in marginalizing circumstances due to their families’ income status, cultural, ethnic or Indigenous identity, newcomer status, and/or neighbourhood proximity to sources of pollution, spend many hours each day in child care settings. Actions to ensure that those hours are spent in settings with good air quality and ventilation; minimal sources of toxic chemical exposure via cleaning products, craft supplies, plastics and furnishings; clean drinking water; below-guideline radon levels; adequate shade; plentiful greenspace; protections from excessive heat or noise; and climate resilience, among others, are demonstrable steps towards health equity.

Investing in early learning environments to advance child health equity

While efforts to promote environmental health and sustainability in child care programs across Canada will benefit all children and contribute to population health benefits such as reductions in asthma exacerbation and chronic disease burden, the potential benefits are perhaps most promising for children who experience environmental injustice, such as those living with unhealthy housing conditions or proximate to major pollution sources. Considering the totality of a child’s daily exposures to the multitude of toxic substances that are the reality of modern life, spending a number of hours each day in a low-toxic and health-promoting child care environment can be an important step forward in healthy development and lifelong health. Healthy and sustainable practices in child care settings, including action to address climate change, can also help build population-wide environmental health literacy and catalyze and inform environmental health protection measures within families and communities.

It is well established that infants and children can be disproportionately exposed to environmental chemicals and other environmental hazards (e.g., due to hand-to-mouth behaviour, more rapid breathing rate), and often are more susceptible to harm due to windows of vulnerability during rapid development of the brain and organ systems. Proactive measures to reduce harmful exposures during these critical early years can support optimal physical and cognitive development, support learning, and reduce the risk of chronic disease later in life.²

¹ CPCHE, CCCF et al (2022). *Healthy and Sustainable Child Care Environments: A Vision for Canada*. <https://healthyenvironmentforkids.ca/wp-content/uploads/2022/10/Healthy-and-Sustainable-Child-Care-Environments-A-Vision-for-Canada.pdf>

² Cooper, K., Marshall, L., Vanderlinden, L., & Ursitti, F. (2011). [Early Exposures to Hazardous Chemicals/Pollution and Associations with Chronic Disease: A Scoping Review: Executive Summary](#).

Against this backdrop, CPCHE and CCCF, together with OPHA and TBDHU and other CPCHE partners/affiliates and with funding support from Health Canada, are working collaboratively to:

- build child care sector capacity to implement practical, on-the-ground measures to reduce toxic exposures and otherwise improve environmental health and sustainability in child care settings, *and*
- identify strategic points of collaboration between the public health and the child care sector to advance children’s environmental health protection in child care settings, with a particular focus on opportunities to reduce children’s environmental health inequities.

CPCHE/CCCF Child Care Checklist and Resource Hub and Checklist

Initially developed by CPCHE and CCCF in collaboration with the **Canadian Institute for Public Health Inspectors** — Ontario Branch and the **Ontario Association of Supervisors of Public Health Inspectors**,

the newly revamped [CPCHE Child Care Checklist and Resource Hub](#) is

designed to help child care professionals identify practical steps to reduce children's exposures to toxic chemicals and pollutants in various indoor and outdoor child care settings. The updated and expanded version was launched on [Healthy Environments for Learning Day \(HELD\) in April 2022](#) and includes an online and printable Checklist as well as a

user-friendly Resource Hub that outlines practical tips and features information resources from Health

Canada and other authoritative sources. It addresses multiple dimensions of healthy learning environments, including physical health considerations (e.g., air quality, drinking water quality, avoidance/reduction of toxics, climate resilience) and mental, emotional and social well-being (e.g., access to nature/outdoor spaces, accessibility for children/staff who are differently abled, cultural inclusivity). The aim of the CPCHE/CCCF Child Care Checklist and corresponding Resource Hub is to equip child care administrators and educators with credible and up-to-date information to support the creation of healthy, safe and sustainable child care environments for children, a population that is particularly vulnerable to many environmental health risks. The Resource Hub is also a great resource for parents and families interested in learning about, advocating for and supporting the implementation of children’s environmental health protection measures.



Cross-Canada survey of child care professionals

The [CPCHE/CCCF national survey of child care professionals](#), conducted in Spring 2022 in collaboration with researchers at the University of Ottawa, sought to obtain a better understanding of current practices related to environmental health and sustainability in early learning settings, and related motivators and barriers. Nearly half (48.5%) of the 2,023 respondents reported that there were

unhealthy conditions in the child care settings where they work, including noticeable air pollution or fumes (29%), peeling paint (31%), mould (22%), routine use of pesticides (22%), lead in water service pipes (22%), among numerous other concerns. More than two-thirds of respondents expressed concern about risks to child health posed by air pollution (indoor 64%, outdoor 69%), toxic chemicals in products (69%), children lacking connection with nature (69%), climate change (68%), contaminants in food (65%) and water (65%), hazardous chemicals in cleaning/sanitizing/disinfecting products (65%), and plastics issues such as BPA and microplastics (63%).

The survey also highlighted important learnings from the COVID-19 pandemic, including safe cleaning and disinfection practices, the importance of ventilation, and the availability and suitability of outdoor spaces. Findings also point to a concerning gap in the transfer of knowledge and guidance from public health to the child care sector. Despite Health Canada warnings and precautionary statements, an appreciable proportion of respondents reported that their programs were deploying ozone-generating devices (7%) and other measures such as “foggers” (12%) and hand-held UV-emitting devices (6%) that can carry inherent risks to health and safety.

Survey results also shed light on health equity dimensions of child care in Canada. Child care professionals who indicated that the majority of children in their care are living in low-income circumstances were more likely to report unhealthy conditions in their programs, including structural disrepair, lead in water supply pipes, recent insect and/or rodent infestation, mould or mouldy smell, excessive moisture, peeling paint, noticeable air pollution and/or excessive noise from a nearby roadway, industrial facility or other source, and the use of artificial air fresheners, among others. Unregulated/unlicensed status was also significantly correlated with respondent-reported structural disrepair, having windowless rooms where children spend time, recent rodent infestation, routine use of pesticides indoors, use of cleaning/sanitizing/disinfecting chemicals in close proximity to children, and lack of natural vegetation in outdoor play areas. Conversely, respondents who reported that their child care program has outdoor spaces with natural vegetation were more likely to be working in regulated child care, and in programs serving a low proportion of children who live on low income. Respondents working in regulated child care were also more likely to report that their program had taken measures to improve ventilation and air quality in response to the COVID-19 pandemic.

Importantly, survey respondents cited a high level of support from owners/administrators (73%), staff (71%), and client families (71%) for action to improve environmental health sustainability in their programs. Lack of knowledge, training and guidance was a top-cited barrier (47%), second only to cost (53%). Respondents also expressed interest in learning more. When asked if they would refer to a website with trustworthy information and tips on how to make child care settings healthier and more sustainable, a majority (88%) of respondents said they would. When asked how they might use a self-assessment checklist on environmental health and sustainability measures in child care programs, 51% said they would complete it together with colleagues, 40% would use results to prioritize actions, 37% would share results with their board, and 35% would share results with client families. Only 3% said they would not be interested in using a checklist.

[About this document](#)

On March 7, 2024, CPCHE, CCCF and OPHA convened a virtual roundtable among public health and child care sector professionals to explore the potential for enhanced collaboration between public health and the child care sector to improve environmental health and sustainability in child care settings, with a focus on health equity. The objectives of the meeting were to:

- Explore and foster increased collaboration between public health and child care sectors to promote environmental health and sustainability in child care settings
- Solicit input on opportunities to advance children’s environmental health equity through strategic engagement and supports for child care providers, with a specific focus on unregulated/unlicensed programs and home child care
- Brainstorm elements of a potential public health – child care pilot project to further explore these issues

Version 1 of this white paper served as a backgrounder and discussion document for the March 7th meeting of public health and child care professionals. This document – version 2, reflects discussions from the March consultation, and is comprised of the same four sections.

The first section is an overview of child care usage according to socio-economic demographics and geographic regions in Canada. It is intended to shed light on current knowledge and data gaps related to the potential health equity benefit that could be attained via a strategic focus on improvements in environmental health and sustainability within specific types of child care arrangements, such as licensed and unlicensed home-based care.

The second part of the document summarizes preliminary research with public health professionals, largely based in Ontario but with potential relevance to other regions, to explore possible means of promoting and supporting environmental health and sustainability measures in child care programs, with a focus on health equity.

Part three of the document is an outline of potential opportunities with(in) the child care sector to enhance knowledge, capacity and action on environmental health and sustainability measures in child care settings.

The fourth section aims to generate ideas on possible design features and objectives of a potential future pilot to explore public health – child care sectoral collaboration towards healthier and more sustainable child care environments.

In preparation for the roundtable, participants were invited to read the white paper and prepare thoughts and observations to share during or as follow-up to the meeting. Some ‘thought starter’ questions were provided in some sections to support participants’ consideration of the ideas and opportunities.

Following the March consultations, the current version 2 of the white paper was prepared, to be shared with meeting participants and others as a means of advancing further thinking and action on the topics outlined herein. The March 7th meeting summary, agenda and participants are attached as [Annex 2](#).

Part One – Overview of Child Care Program Types and Usage in Canada

Introduction

High-quality child care has shown to be beneficial to children's development, fostering improved cognitive, social, and academic outcomes (Charters & Findlay, 2023). However, in the environments where child care takes place, disparities in exposure to pollution and chemicals, limited access to clean drinking water and safe green space, and inadequate provision of culturally appropriate care can lead to significant environmental health risks for children (Canadian Partnership for Children's Health & Environment, CPCHE, 2022). Disparities in these exposures may be due to, and be compounded by socio-economic marginalization, colonial oppression and determinants of health inequity (CPCHE, 2022). Enhancing these physical child care spaces is crucial to creating healthy, sustainable environments that promote overall children's health and well-being (CPCHE, 2022).

This section aims to provide a comprehensive, concise overview of child care types and usage patterns across Canada, with a specific emphasis on trends related to child care usage among socio-economically marginalized and racialized populations. It touches on the various types of care available and utilized in Canada, within the provinces and territories and across rural and urban regions. Further, it looks at child care usage patterns among different family types, family income, education level and employment, immigrant status, racialized families and Indigenous families. Additional data are provided in [Annex 3](#). The goal is to provide insight into existing patterns and trends in child care usage across diverse communities and types of child care settings. This perspective aims to inform initiatives to advance children's environmental health protection in child care settings, with a particular focus on opportunities to reduce health inequities.

Child care program types

In 2023, just over half (56%) of all children aged 0 to 5 years old were participating in child care across Canada (Statistics Canada, 2023b). This differs by province and territory, with the highest usage of child care in Quebec at 75% and the Yukon at 65.6%, the lowest in Ontario at 47% and Nunavut at 32.2% (see *Figure 1 on next page*) (Statistics Canada, 2023a).

The type of child care arrangement used can be a regulated or unregulated facility, operating under a licensed or unlicensed system. Unlicensed child care is typically home-based and operated out of a residential building. Home-based care can be either licensed or unlicensed, whereas centre-based care facilities are licensed and in non-residential spaces (Charters & Findlay, 2023). Centre-based care includes daycare centres, preschools and *centres de la petite enfance* in Quebec.

Percentage of Children aged 0-5 years Using Child Care Across Canada in 2023

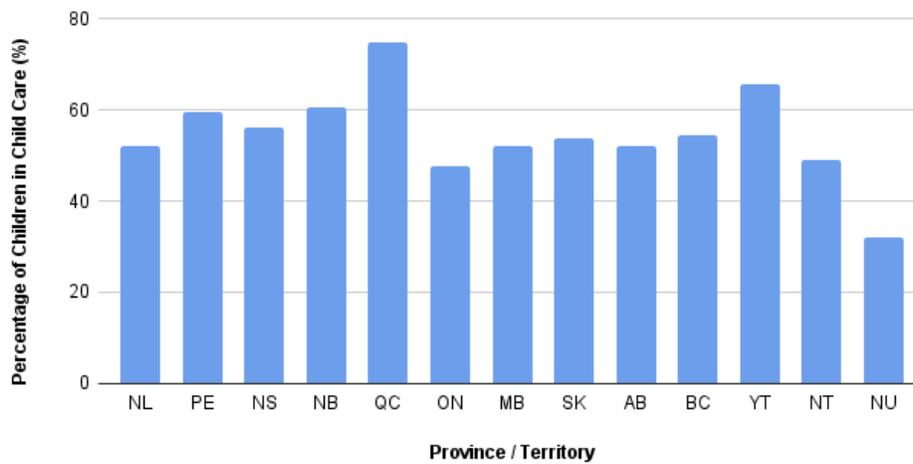


Figure 1: Percentage of children using child care (all types) by province and territory, 2023 (Statistics Canada, 2023a)

All facilities can be private for-profit, not-for-profit, or public and government operated (Charters & Findlay, 2023). About half of all child care centres in 2022 had private not-for-profit legal status, or were government operated (Charters & Findlay, 2023). Not-for-profit centres have shown to hire staff with more qualifications, have high staff retention and overall higher salaries than other types of facilities (Charters & Findlay, 2023). Overall, not-for-profit child care centres have higher quality ratings when compared to other types of facilities (Charters & Findlay, 2023). Nearly half of all caregivers of young children aged 1 to 5 years old used centre-based child care (Zhang et al, 2021). The second most used type among this age group was home-based child care facilities (Zhang et al, 2021).

LICENSED PROGRAMS

In 2022, 64% of child care facilities across Canada, serving children 0 to 12 years, were licensed, either centre or home-based (Statistics Canada, 2022). Regulated or licensed child care facilities, which can operate in centre-based facilities or in homes, set high standards for child safety, ratios between children and staff, and staff education, with the intention of providing high quality care (Findlay & Hill, 2022). Of all licensed child care in Canada, 93% is centre-based, rather than home-based (Child Care Now, 2023). Licensed child care is monitored regularly by its province or territory (Findlay & Hill, 2022). In 2023, there were 759,00 full time licensed spaces for young children across Canada (Macdonald, D. & Friendly, M., 2023). In Canada, regulated child care can either be managed by a child care agency, or licensed directly by the province or territory (Findlay & Hill, 2022). Each province or territory has its own method of regulation, or employs both agency regulation and provincial/territory licensing (Findlay & Hill, 2022).

UNLICENSED PROGRAMS

In 2022, 36% of child care facilities in Canada were unlicensed home-based (Statistics Canada, 2022). Unlicensed child care does not have to comply with provincial standards and usually operates in the home (Findlay & Hill, 2022). These facilities do have a maximum allowable number of children, but this is not monitored or enforced (Findlay & Hill, 2022). The province or territory the facility operates in will respond to formal complaints made, completing checks if necessary (Findlay & Hill, 2022). When surveyed about why they chose to operate a home-based unlicensed child care business, business owners reported three main

reasons: wanting “control over” their own business (52.5%), that it was “not necessary to obtain licensing” (35%), and “no benefit” to becoming licensed (33.9%) (Statistics Canada, 2022b).

CENTRE-BASED AND HOME-BASED CARE

In 2023, 34% of children aged 0-5 years attended centre-based child care and 9% of children attended home-based care (Statistics Canada, 2023a). The remaining children were either in the care of a relative or were not in child care (Statistics Canada, 2023a). Of the children not in child care, over a quarter are on a waitlist for a space at a facility (Statistics Canada, 2023a). Licensed child care spaces are available for only one-quarter of children in Canada, making the use of unregulated care a necessity for many families (Findlay & Hill, 2022). However, regulated child care facilities have shown to provide higher quality care, and unregulated facilities have shown to be of a more variable quality (Findlay & Hill, 2022).

Demographic analysis

Across all of Canada, 64% of care facilities are licensed and 36% are unlicensed (Statistics Canada, 2022a). All of the provinces and territories have both licensed and unlicensed child care facilities and some areas have more of one type than the other (Statistics Canada, 2022a). All three territories combined have the highest rate of licensed care facilities, at 89% licensed care, with British Columbia as a close second with 85% licensed care (Statistics Canada, 2022a). Several other provinces have more licensed care than unlicensed, including Quebec (76% licensed), Manitoba (67%), Alberta (57%) and New Brunswick (54%) (Statistics Canada, 2022a). Ontario has an almost even split, with close to 50% of licensed and unlicensed care (Statistics Canada, 2022a). Saskatchewan, Nova Scotia, Prince Edward Island and Newfoundland & Labrador all have slightly more unlicensed child care facilities compared to licensed (see Figure 3 on next page) (Statistics Canada, 2022a).

The total overall number of children using centre-based child care across Canada increased by 7.6% from 2019 to 2023 (Child Care Now, 2023). The Yukon had a 45% increase in centre-based child care participation, and Manitoba had a 29% increase (Child Care Now, 2023). However, Nunavut had a 36% decrease in participation in centre-based care, and the Northwest Territories had a 20% decrease (Child Care Now, 2023). Over the same period of time, there was a slight 3.2% decrease in parents reporting use of home child care, both licensed and unlicensed (Child Care Now, 2023).

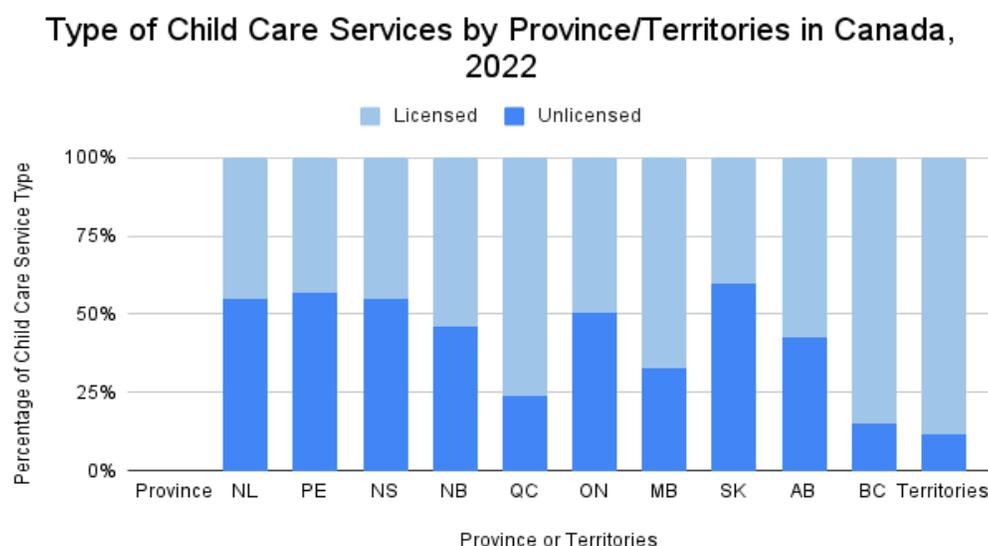


Figure 2: Type of child care service available by province/territory (Statistics Canada, 2022a)

CHILD CARE DESERTS: RURAL VERSUS URBAN CANADA

Despite widespread availability of various types of child care programs and more than half of children aged 0 to 5 years old attending child care, there are still significant challenges in accessing high quality, licensed child care in Canada (Macdonald, D. & Friendly, M., 2023). A “child care desert” is defined as a postal code that has more than three children for every licensed child care space (Macdonald, D. & Friendly, M., 2023). Almost half of Canadian children aged 0 to 5 years old live in a postal code that is identified as a child care desert (Macdonald, D. & Friendly, M., 2023).

The availability of licensed child care spaces across Canada is highly variable, and differs greatly across the provinces/territories and urban and rural areas (Macdonald, D. & Friendly, M., 2023). Urban centres with more than 100,000 people are far less likely to have child care deserts (Macdonald, D. & Friendly, M., 2023). Whereas, rural areas and smaller towns are likely to have child care deserts (Macdonald, D. & Friendly, M., 2023). Rural areas have low population density, which causes challenges for parents to physically access child care as it can require commuting large distances (Macdonald, D. & Friendly, M., 2023). Families in rural areas might also have non-standard work hours or seasonal work, meaning their children require evening or weekend care (Macdonald, D. & Friendly, M., 2023). These factors make it challenging for child care service providers to thrive financially in rural areas (Macdonald, D. & Friendly, M., 2023).

Across the provinces and territories, Saskatchewan has the highest proportion of children living in child care deserts (92% of all children) (Macdonald, D. & Friendly, M., 2023). Saskatchewan’s lack of access is so high that it does not differ between the province’s rural and urban areas (Macdonald, D. & Friendly, M., 2023). Similarly, Manitoba has fewer children in child care deserts in Winnipeg, yet outside of the city, child care deserts are widespread regardless of town population size (Macdonald, D. & Friendly, M., 2023). In Newfoundland and Labrador, almost all children in rural Newfoundland live in child care deserts (Macdonald, D. & Friendly, M., 2023). Children in British Columbia are less likely to be in child care deserts when living in the city compared to rural areas (Macdonald, D. & Friendly, M., 2023). In Ontario and Alberta, 44% of children in large cities are also in child care deserts (Macdonald, D. & Friendly, M., 2023). In rural areas of Ontario, 82% of children are in child care deserts (Macdonald, D. & Friendly, M., 2023). Further, in rural Alberta, essentially every child lives in a child care desert (Macdonald, D. & Friendly, M., 2023). In Nova Scotia, accessing a licensed child care space is twice as hard in rural areas compared to urban areas (Macdonald, D. & Friendly, M., 2023). In New Brunswick, there are virtually no child care deserts in its cities and towns, but in its rural areas, half of all children live in child care deserts (Macdonald, D. & Friendly, M., 2023).

Analysis of child care deserts across Canada shows in many provinces, especially those mentioned above, children living in rural areas are far more likely to be in a child care desert (Macdonald, D. & Friendly, M., 2023). Cities are not immune to child care deserts: coverage is also variable in urban regions (Macdonald, D. & Friendly, M., 2023). Downtown areas in cities tend to have good access to licensed child care, but the suburban areas of cities have poorer access (Macdonald, D. & Friendly, M., 2023).

Child care program usage among marginalized populations

Children from families facing socioeconomic disadvantages in Canada have a higher likelihood of poorer outcomes later in life (Findlay et al., 2021). However, there is a positive relationship between

participating in early learning and child care and children's developmental outcomes, the benefits of which are even greater when the child comes from a socioeconomically disadvantaged family (Findlay et al., 2021). Socioeconomic disadvantages include living in resource-deprived areas, having low income, low-education, unemployed or underemployed. These disadvantages are often experienced at a greater proportion by immigrants and racialized groups in Canada, highlighting the compounding effects of marginalization (Kingsbury et al., 2021). Enhancing early learning and child care access and quality can not only be beneficial to childhood development, but can aid parent's participation in the labour market (Findlay et al., 2021). By understanding patterns in child care usage among socioeconomically disadvantaged families, we can better understand how to overcome the barriers they face and enhance inclusivity and equity in child care.

SOCIOECONOMICALLY DISADVANTAGED FAMILIES

There are significant gaps in child care use related to family's income and parental education across all of Canada (Findlay et al., 2021). Specifically, families not on low income have a 64% participation rate in child care, in contrast to low-income families who have a 45% participation rate (Findlay et al., 2021). Low-income families were also 20% less likely than non low-income families to use non-parental child care (Findlay et al., 2021). Further, low-income parents and low-educated parents are less likely to use licensed child care in general (Findlay et al., 2021). Parents from this group have many barriers to accessing care, including high costs and may have non-standard working schedules that might not align with child care facility hours (Findlay et al., 2021).

CHILD CARE AND FAMILY STRUCTURE

Aspects of a family's structure, including parent's background, education and employment, are associated with child care use (Findlay et al., 2021). Single parents, young parents, Canadian-born parents and parents located in Quebec or Atlantic Canada were found to be more likely to use child care than others (Zhang et al., 2021). Further, children with working mothers on regular work schedules are more likely to use child care (Zhang et al., 2021).

Families who were both low-income and low-education had a much lower rate of participation in licensed or unlicensed child care (Friendly et al., 2023). Whereas, more educated parents with high income were more likely to use licensed centre-based care (Friendly et al., 2023). When facing challenges in finding child care arrangements, low-income parents and single parents were more than twice as likely to delay or cancel their own schooling or education, when compared to two-parent and non low-income families (Findlay et al., 2021).

Low-income families reported difficulties in accessing child care due to affordability, availability in their community, care that fits their work or study schedule and quality of care they desire (*see Figure 2*) (Findlay et al., 2021). Of low-income families who did not use child care, almost half said they decided to stay home with their child, 29% reported the cost of care was too high and 27.8% said the decision was due to their unemployment (Findlay et al., 2021). Low-income and single-parent families were the most likely families to use child care on the evenings or weekends (Findlay et al., 2021). These areas of disadvantage have obvious intersectionality, where multiple factors overlap and compound each other (Friendly et al., 2023).

Difficulties Low Income Families Faced While Finding Child Care

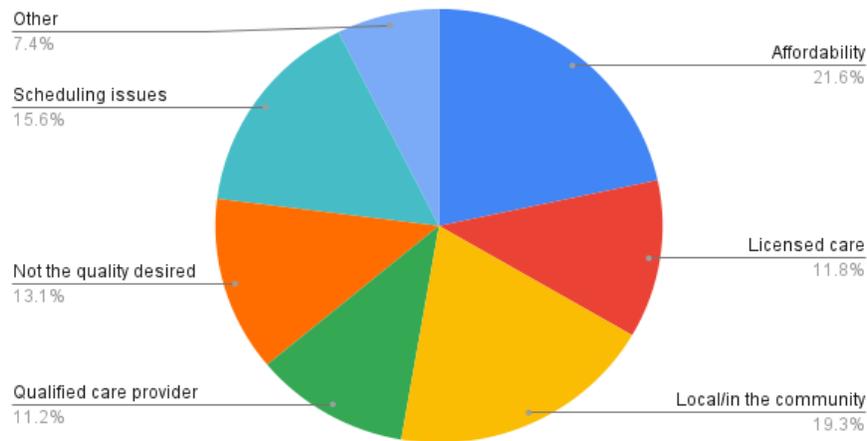


Figure 3: Pie chart of difficulties low income families faced while finding child care (Findlay et al., 2021)

Of lone-parents, including single, divorced and widowed, 70% reported using child care, which is slightly greater than partnered parents, 64% of which used child care (Zhang et al, 2021). Child care usage is lower among families with parents who have a high school diploma or less education, at 47%, when compared to parents with a bachelor’s degree or higher who have a 65% participation rate (Findlay et al., 2021). Children from highly educated parents spent more time in non-parental based child care, for example, centre-based licensed child care (Findlay et al., 2021).

IMMIGRANT FAMILIES

Immigrant families, defined as having a parent immigrate to Canada within the past 10 years, make up an increasingly large portion of Canadian society (Kingsbury et al., 2021). Despite having such a large immigrant community and having a reputation of multiculturalism, immigrant families and especially racialized immigrant families, experience high rates of poverty, underemployment and discrimination (Kingsbury et al., 2021). These factors inevitably disadvantage children and create barriers to accessing child care.

There are some noticeable differences in child care participation between immigrant and Canadian-born parents (Zhang et al, 2021). 69% of Canadian-born parents reported using child care, compared to 53% of immigrant parents and 54% of non-permanent resident parents (Zhang et al, 2021). Immigrant families have been found to be more likely to use licensed and centre-based child care, with 81% reporting use of licensed care compared to non-immigrant families, 70% of which used licensed care (Kingsbury et al., 2021). A greater proportion of immigrant families are low-income than non-immigrant families, and immigrant families reported high cost or unemployment as main reasons for not using child care (Friendly et al., 2023). Further, immigrants who are not permanent residents, refugees, temporary workers and non-status residents can be denied child care subsidies, regardless of whether or not their child was born in Canada (Arce, 2022). In Quebec, asylum seekers are not able to use publicly funded child care at all (Friendly et al., 2023). Lack of subsidies makes an unaffordable situation worse, especially for a community that has a higher proportion of low-income families, and barriers to accessing employment.

RACIALIZED FAMILIES

Low-income, racialized children and their families experience significant barriers to accessing child care programs in Canada (Butler, 2021). In Ontario specifically, the three primary barriers to access are financial, spatial and racial (Butler, 2021). Financial barriers are a result of high child care costs, which leads low-income parents to choose cheaper child care that is often unregulated and of lower quality (Butler, 2021). Spatial barriers are a result of low-income neighbourhoods having a lack of local health and child care services, creating physical barriers to child care services (Butler, 2021). Low-income, racialized families may have to travel further to reach child care services, often by public transit or walking (Butler, 2021). Racial and cultural barriers are due to the lack of culturally relevant early child care for racialized children (Butler, 2021). Early childhood education has been described as being “Eurocentric” in nature, and racism experienced in these contexts often goes unreported (Butler, 2021). As racialized communities grow and expand in Ontario and across Canada, there will be an ever-increasing need to address these barriers to child care, which are clearly systemic in nature (Butler, 2021).

INDIGENOUS FAMILIES

Indigenous communities in Canada make up around 5% of the overall population, with the largest community populations in Saskatchewan, Manitoba, the Yukon, the Northwest Territories and Nunavut (Statistics Canada, 2022c; Zimonjic, 2022). Of status First Nations people, 40.6% were living on reserve as of 2021 (Statistics Canada, 2022c). Indigenous communities in Canada are 60% more likely to reside in rural regions, which is 33% more than the non-Indigenous population (OECD, 2019). The SELCCA and CSELCC surveys by Statistics Canada, which are used in this report, compares Indigenous parents with non-Indigenous, identifying patterns in how Indigenous communities utilize child care. Various Indigenous communities (Métis, Inuit, First Nations) are grouped together in this context.

Indigenous communities have a younger average population, around 8.2 years younger than the overall non-Indigenous population, and have a greater percentage of children than the overall population (Zimonjic, 2022). Children under the age of 14 account for 25.4% of the Indigenous population, compared to the non-Indigenous population, where children account for just 16% (Zimonjic, 2022). Of all Indigenous children aged 14 and under, 56% lived in a two-parent household, 35.8% live in a single-parent household, and 14.2% live with at least one grandparent (Zimonjic, 2022). Almost a quarter of Indigenous children (24.6%) live in a low-income household, which is far higher than non-Indigenous children at only 11.1% (Zimonjic, 2022).

Nationwide, children’s participation in centre-based care is similar for Indigenous children at 52.4% participation, as it is for non-Indigenous children at 56.3% (Child Care Now, 2023). In both urban and northern communities, the Public Health Agency of Canada provides funding to local Indigenous organizations to deliver culturally-relevant programming, through the Aboriginal Head Start program (Beach et al., 2023). This program currently reaches 4,300 children annually, through part-day preschool programs (Beach et al., 2023). Further, the Aboriginal Head Start on Reserve program offers similar programming to First Nations communities on reserves (Beach et al., 2023). In 2022, there were 511 of these on-reserve programs operating (Beach et al., 2023). Similarly, there is the First Nations and Inuit Child Care Initiative, which aims to provide Indigenous children with affordable and high-quality child care on reserves and in the territories (Beach et al., 2023). In 2022, there were 463 programs operating under this funding initiative (Beach et al., 2023). In Ontario specifically, First Nations reserves receive federal funding for regulated child care and family child care centres (Beach et al., 2023). These programs are delivered by First Nations communities alongside the Ontario Ministry of Education, and are provincially regulated (Beach et al., 2023). In 2021, there were 74 licensed centres in 59 First Nations

communities on reserve across Ontario, offering 3,291 child care spaces (Beach et al., 2023). Additionally, there are two regulated home child care agencies, operating out of 31 homes and offering 186 spaces (Beach et al., 2023).

Indigenous populations living in urban centres have grown by 12.5% from 2016 to 2021, and are one of the fastest growing Indigenous groups (Statistics Canada, 2022c). There is a substantial need for Indigenous early learning and child care programs, to provide culturally relevant care options for these urban communities, not just rurally and on reserve (Friendly et al., 2023). The Indigenous Early Learning and Child Care Framework intends to facilitate this need, by implementing culturally-relevant, child-centred Indigenous child care programs across Canada (Government of Canada, 2022). One key principle is that First Nations, Inuit and Métis are separate peoples, all of which have the right to self-determination and autonomy over child care systems, to ensure they cater to their own principles and priorities for the children in their communities (Government of Canada, 2022).

Of the Indigenous families who did not utilize child care, there were many identified reasons and barriers as to why. In First Nations, Métis and Inuit communities specifically, grandparents play a key role in raising children, allowing for the transmission of values, cultural knowledge and tradition to the younger generations (Statistics Canada, 2022c). This could explain why 39% of Indigenous respondents across Canada reported they would prefer to have a parent stay at home with the child as a reason for not using any child care (Child Care Now, 2023). Ten percent of all families in Canada have flagged that the costs for care were too high (Child Care Now, 2023). This was significantly higher for Indigenous respondents, 24% of which reported that costs were too high, identifying that cost played a role in not using any child care (Child Care Now, 2023). Only 7.7% of all respondents across Canada said that their reason for not using child care was shortage of spaces or a long waiting list, compared to 20.6% of Indigenous respondents (Child Care Now, 2023). Further, reports of shortages of spaces or long waiting lists doubled, from 10% to 20.6%, between 2019 and 2023 among Indigenous respondents (Child Care Now, 2023). This suggests significant disparities between Indigenous and non-Indigenous families across Canada, related to accessibility in child care, due to cost and available space.

Discussion

There is a large variety of child care programs across Canada, with lots of variation in quality, regulations and availability in each province and territory. Regarding access to child care services in Canada, it is clear that there are challenges related to affordability, quality and physical accessibility. Further, children from disadvantaged and racialized backgrounds are under-represented in high-quality child care programs, and experience the challenges of access even more. Major barriers for racialized and immigrant families were related to spatial barriers, racial/cultural factors and financial factors related to poverty, underemployment and discrimination (Butler, 2021; Kingsbury et al., 2021).

Child care usage has been shown to be positively associated with families having higher income and parental education (Findlay et al., 2021). Low-income and low-education families had far lower rates of child care usage in general (Friendly et al., 2023). Low-income and lower-educated, and/or immigrant families may have more barriers to reaching information about child care facilities and how to access a space (Friendly et al., 2023). There may be language barriers, technological barriers, and/or an overall lack of trust in authorities due to experiences with discrimination (Friendly et al., 2023). Families' cultural perspectives can play a role in child care preferences, but can also act as a barrier to entry if

they do not see themselves or their values reflected in the staff or in the facility, and if families do not feel welcomed by staff (Friendly et al., 2023).

These socioeconomic factors are compounded by families being racialized, immigrants or Indigenous, and in low-income neighbourhoods or rural areas (Friendly et al., 2023). Parents have reported that convenience plays a large role in their child care arrangement decision-making (Zhang et al, 2021). Convenience relates to location and access, hours of operation and reliability and safety of the facility (Zhang et al, 2021). However, child care deserts affect almost half of all Canadian children, creating challenges for parents in finding and physically accessing licensed care in a convenient way (Zhang et al, 2021). For rural families, finding high quality child care is even harder, and generally rural incomes are lower than urban populations (Friendly et al., 2016).

Far more Indigenous families experienced long wait lists, lack of spaces and high child care costs than non-Indigenous families, and were far more likely to be living in low-income households (Child Care Now, 2023; Zimonjic, 2022). Indigenous families experience higher rates of socioeconomic disadvantages on top of being predominantly located in rural regions, which can have fewer licensed child care spaces (Zimonjic, 2022; OECD, 2019; Macdonald & Friendly, 2023). Although Indigenous communities have a high rate of overall participation in child care, the data suggest a significant disparity within access and affordability among Indigenous communities when compared to non-Indigenous.

ENVIRONMENTAL AND HEALTH INJUSTICE

Urban and rural disparities extend beyond just inequitable child care access. Climate change is affecting rural and remote communities disproportionately to urban areas, harming community health and resulting in extensive financial and cultural damages (Vodden & Cunsolo, 2021). Indigenous communities in the North of Canada are disproportionately affected by the social, physical and economic impacts of climate change (Vodden & Cunsolo, 2021). Environmental injustice compounds health disparities across marginalized communities, related to racial and socioeconomic backgrounds, and children are especially vulnerable to these health impacts (Landrigan et al., 2018). Racialized children from low-income families are more likely to experience the adverse effects of climate change and are more likely to be in structurally unsafe housing and in neighbourhoods with more exposure to pollution and high traffic roads (Landrigan et al., 2018). The improvement and revitalization of child care facilities to reduce harmful exposures and provide children with clean drinking water, nutritious food and access to natural green space, is a vital intervention in promoting children's physical health and overall wellbeing. Improving child care quality and accessibility in this way, specifically for marginalized families and their children, can not only facilitate their healthy development, but can act as a vehicle for enhancing their environmental health in an equitable way.

DATA GAPS

Child care usage patterns in Canada is an under-researched topic, specifically regarding unregulated child care and marginalized communities. There are limited data available about unregulated child care facilities since they are difficult to track and are often excluded from reports and surveys (Findlay & Hill, 2022). Statistics Canada collects data on licensed and unlicensed child care usage from parents across Canada in their SELCCA survey. However, there are challenges with parent-reported surveys. It has been speculated that parents might not be well informed about whether their child care facility is regulated (Findlay & Hill, 2022). Of parents who reported use of a regulated child care facility, only 72% were accurate, whereas those who used unregulated care, 92% were accurate (Findlay & Hill, 2022). This

shows that parents might assume their facility is regulated when they are not, and highlights the possibility of inaccuracies in the data (Findlay & Hill, 2022).

There is a lack of race-based data related to child care use in Canada in general, and Statistics Canada also does not collect information on race in this context (Friendly et al., 2023). In *Child Care for Whom?'*s literature review regarding equal access to child care, only five reports were found that focused on race and child care usage (Friendly et al., 2023). There is also very limited data on immigrant communities' usage of child care and mothers with disabilities using child care (Friendly et al., 2023). Further, there is limited analysis on the intersectionality of these various factors, and how controlling for multiple socioeconomic factors at once might influence research outcomes (Friendly et al., 2023).

Access to more information about staff-to-child ratios, staff education, and facility quality on top of sociodemographic data about neighbourhoods, transportation and care availability would provide a much more holistic perspective on the Statistics Canada survey findings (Findlay & Hill, 2022). Moving forwards, there is a need for large-scale data and research that analyzes child care usage across many different factors, especially race, poverty and social exclusion (Friendly et al., 2023).

Also lacking are data on the siting of child care programs across various service types, including regulated and unregulated. As such, data are lacking to enable an environmental justice lens that could shed light on patterns of disproportionate and cumulative burdens of environmental health risk potentially affecting children and staff in marginalized communities, such as exposure to traffic-related and industrial emissions, agricultural chemicals, noise and other local/regional parameters. To advance an equity-focused approach to environmental health improvements in child care settings, spatial data on local/regional exposure sources would be ideally considered in combination with information on unhealthy conditions in the child care settings themselves, such as inadequate ventilation, mould, radon and lead, as well as sources of exposure to toxic chemicals via products and furnishings.

Conclusion

The landscape of child care in Canada presents a variety of challenges, particularly regarding access, affordability and quality. Access is more challenging for families with socioeconomic disadvantages, and especially for racialized, Indigenous, immigrant, and rural families. Families experience even greater barriers when several of these factors intersect. This apparent inequity in access to high quality child care highlights the urgent need for interventions that prioritize equitable access to healthy, safe, and nurturing environments for all children, regardless of where they are from or where they reside. Such investments would not only support children's healthy development, but serve societal environmental justice and health equity goals.

Part 2: Opportunities for the Public Health Sector to Advance Children’s Environmental Health Protection and Health Equity in Child Care Setting

Introduction

The aim of this component of the white paper is to identify potential pathways for the public health sector to better support the child care sector on environmental health and sustainability measures, with a focus on the home-based sector and health equity. Discussion and feedback on the ideas and options outlined herein align with the key objective of the CPCHE/CCCF/OPHA initiative, which is to define strategic pathways via which the public health and child care sectors can better coordinate and collaborate to advance environmental health and sustainability in child care programs, including those serving socio-economically marginalized families and communities and those affected by environmental injustice. The preliminary ideas outlined were informed by conversations with a number of public health professionals (PHPs) across Ontario. They provided their feedback (both opportunities and challenges) on potential approaches and suggested other approaches to consider. The March 7th roundtable, and feedback post-meeting, provided additional insight from professionals in the public health and child care sectors, which has been considered in version 2 of this white paper.

The approaches listed below are not inclusive of all strategies that could be considered, nor do they necessarily represent the most promising strategies or approaches. They are intended as a starting point for further consultation to identify the most effective strategies to consider.

PHPs contacted to inform the initial scoping were asked about their perspectives related to public health’s inspection mandates for child care settings as well as the broader public health role from an equity and vulnerable population perspective regarding children’s exposure to environmental chemicals, such as the public health role under the Ontario Public Health Standards to "collaborate with community partners to reduce exposure to health hazards and promote healthy built & natural environments."³ PHPs were asked to offer input and advice on potential pathways to increase awareness and collaboration between the child care sector and public health sectors that not only focuses on licensed child care programs that public health is mandated to inspect, but also the private home/unlicensed settings where exposure to toxic chemicals and intersecting inequities may pose a greater risk to child health.

³ Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. <https://files.ontario.ca/moh-ontario-public-health-standards-en-2021.pdf>

CPCHE’s [Healthy and Sustainable Child Care Resource Hub and Checklist](#) (hereinafter referred to as the “Resource Hub”) promotes awareness and action to reduce harmful environmental exposures, which aligns with public health mandates (locally/provincially, in Ontario, through the Ontario Public Health Standards (OPHS) and federally, through Health Canada’s work on the Chemicals Management Plan). Promoting CPCHE’s Resource Hub provides an opportunity for public health at all levels to achieve their goals of reducing exposure to health hazards, addressing health inequities and promoting healthy environments.

A consistent response received during the initial conversations with PHPs in Ontario related to the Public Health Unit’s capacity, their priority focus on the OPHS’ “prescriptive” mandates, such as annual inspections, and the uncertainty with budgets and changes to the Ontario Public Health Standards. These issues of public health’s mandated priorities and capacity limitations are important considerations in considering potential strategies for increased public health-child care sector engagement.

While the approaches below were developed based upon input from PHPs and others primarily within the Ontario context, with additional input from PHPs in British Columbia, other provinces and territories would have similar initiatives and constraints in advancing cross-sectoral collaboration for environmental health and sustainability in child care programs.

[Pathway 1. Incorporate Healthy and Sustainable Child Care \(HSCC\) Messages within Routine/Mandated Public Health Inspections & Investigations](#)

(In Ontario), boards of health/Public Health Units (PHUs) are required to conduct annual inspections of all licensed child care settings for adherence to infection prevention and control (IPAC) practices and for food/water safety requirements (Ontario Public Health Standards, Infection, Prevention and Control Protocol). PHUs are also required to respond to environmental health issues within licensed child care settings in accordance with the requirements of the Health Hazard and Response Protocol. The latter Protocol also requires PHUs to inspect other facilities that serve priority or vulnerable populations in situations where they may present an elevated risk of exposure to health hazards to the public or priority populations, such as child care centres and other child care facilities (with no reference to licensed or unlicensed). More generally, the OPHS’ Healthy Environments and Climate Change Guideline require PHUs to consider public awareness campaigns to address environmental exposures, and as with all OPHS Standards, public health practice is to be equity-focused.

With consideration of resource pressures and limited time available for public health professionals to interact with child care professionals during mandated inspections, one opportunity to address environmental exposures is for the Public Health Inspector/Environmental Health Officer (PHI/EHO) to spend a few minutes with the operator/provider to have a conversation about the CPCHE Resource Hub

The CPCHE Child Care Checklist: A Longstanding Public Health-Child Care Collaboration

CPCHE’s Resource Hub and interactive Checklist is a revitalized version of the 2010 Child Care Checklist that was developed by CPCHE in partnership with CCCF, the Canadian Institute of Public Health Inspectors – Ontario Branch (CIPHI-Ontario), the Association of Supervisors of Public Health Inspectors of Ontario (ASPPIO) and piloted in collaboration with TBDHU and other health units across the province. The 2022 revitalization of the CPCHE Resource Hub and Checklist moved the resource to an online format that is national in scope, and benefitted from financial support from Health Canada as well as iterative review by relevant Health Canada program officials as well as public health and child care experts within the CPCHE partnership.

– asking if they are aware of the resource, perhaps selecting one topic from the menu of options outlined in the Resource Hub and accompanying CPCHE Child Care Checklist, and discussing children’s exposure to toxic chemicals. The PHI/EHO could make clear the distinction between public health requirements, such as the public health “inspection checklist,” and the nature and intent of the Resource Hub, which offers tips and information on measures that go beyond regulatory requirements to support child care professionals in creating healthier and more sustainable child care environments. The latter would not have to be documented in the inspection report.

Another potential opportunity within public health’s mandated inspection role is during the review of applications for new or renovated child care settings. PHUs/local public health agencies have an opportunity to review building/floor plans for child care settings during the building permit application process for new construction and for major repairs. The CPCHE Resource Hub could be an additional tool for public health to discuss environmental health and sustainability with the operator at this foundational stage.

Considerations: Recognizing the enforcement authority of the Program Advisors with the Ministry of Education who apply the Child Care & Early Years Act (CCEYA), and the caveat within the Act that anything recommended by public health must be actioned, it may be challenging for the PHI/EHO to document the discussion, as anything written down on an inspection report is expected to be complied with, even if “only for information.” This awareness raising would need to be verbally done at time of inspection or shared via email separately from the inspection report. In the past, PHUs may have considered incorporating “non-mandatory” items within inspection information system e.g., “education/information provided on potential chemical exposure risks.” As noted above, this would be challenging given Ministry of Education compliance requirements.

Thought starter questions:

1. From your sector’s perspective and thinking about issues such as time, expertise and capacity, do you feel it would be feasible to integrate items from the Resource Hub into routine/mandated public health visits?
2. What would be the possible pros and cons of such an approach?
3. Do you feel that this approach would be embraced and supported by staff in your sector (e.g., public health inspectors/environmental health officers, child care professionals)?
4. What would be needed to put this into motion?
5. The above description refers to Ontario. What differences (e.g., program and legislative context, population characteristics, etc.) might need to be considered in other provinces and territories?

Feedback on Pathway 1 – Integrating the CPCHE Child Care Checklist and Resource Hub within Public Health Inspections: Opportunities and Challenges

Feedback from Public Health Professionals identified that while some are aware of the resource and feel there is value in using the checklist, others are unfamiliar with it and interested in reviewing the content to be confident that it aligns with public health messaging before considering incorporating it within their routine inspections. A standardized and concise resource would be most useful and would benefit from being incorporated as a resource guideline supported through provincial public health standards e.g., OPHS. Opportunities are likely greatest with the regulated child care settings, given that PHPs routinely visit these settings.

With the OPHS currently under review in Ontario, a suggestion was made that this is an opportune time to share the White Paper and CPCHE Resource Hub material with the Ministry of Health and Public Health Ontario, to help inform and strengthen public health standards for children's environmental health and health equity.

PHPs identified opportunities to use the resource to support the child care professional to advance healthy environments within their program, and for "teachable moments" about safe practices, and to discuss potential areas of concern with other teams within their organization or with partners who have expertise in different areas. PHPs could provide links to resources on reports during inspections, in newsletters, emails or via educational webinars.

PHPs relayed challenges with incorporating the resource within routine inspections given the current public health mandate, lack of environmental health standards or guidelines, financial constraints, and workforce capacity and expertise on specific environmental exposures. A recommendation was made that public health could incorporate the resource within child care operator training sessions rather than via email, as the latter could be perceived as public health directing the operator i.e. a mandatory requirement.

PHPs also noted they are not mandated to inspect home-based child care and could not take this on without additional public health funding and direction from the provincial government. Key challenges include identifying the audience (i.e., unlicensed child care operators in particular), reaching the audience, identifying what issues / hazards they might experience, and then identifying and engaging which agencies, resources, funding, might be available to address / reduce the hazards. Mandatory licensing of all child care would help in terms of first identifying the audience, and then beginning to identify and possibly address inequities. Adequate funding, training, equipment, resources, outreach programs, and coordinated actions by government and other agencies is necessary.

A suggestion was made that PHPs could provide resources and training to home visitors (hired by home child care agencies and overseen, in Ontario, by the Ministry of Education) who in turn would continue to conduct routine inspections.

With respect to siting new child care centres, it was noted that potential environmental exposures (e.g., proximity to traffic pollution) would be best evaluated and addressed as much as possible by the Ministry of Education, municipal building depts., and inspection staff prior to licensing. For many PHUs, floor/building plan reviews do not encompass the surrounding area (other businesses, outside exposures). This would require much more training, significant time, possibly testing equipment, and cooperation with municipal and other agency staff for PHPs to be able to conduct a more comprehensive environmental review.

Pathway 2. Leverage Existing Communication Channels

Some PHUs have developed public health guides for child care providers. While the primary focus is infection, prevention and control (IPAC), there are sections that address health hazards such as toxic chemicals (examples are attached as [Annex 4](#)). These PHU guides may be promoted and/or available to private home and unlicensed child care. Incorporating the CPCHE Resource Hub as a reference or within various sections of the PHU guides (or as an appendix) is an additional opportunity to promote healthy

and environmentally sustainable child care settings without additional public health resources. Other ways of incorporating this material could be through fact sheets, and having the information available on PHU websites under environmental health program areas that would be utilized by the child care sector.

Beyond mandated inspections of licensed child care settings, there may be opportunities for public health to increase awareness and action to reduce children's exposure to chemical toxicants and other environmental hazards in unlicensed home-based child care settings through awareness campaigns, workshops or webinars prioritizing marginalized populations and neighbourhoods where environmental exposures may be the greatest.

PHUs could also share and promote CPCHE's Resource Hub through other communication venues that they use to connect with the child care sector, such as regular email updates/notifications and social media. Communication methods and channels used to connect with the home-based and/or unlicensed child care sector /child care providers, to share vital and evolving IPAC advice during COVID, could be considered as ways to maintain ongoing communication with this sector.

Considerations: Recognizing the challenge in reaching the private/unlicensed child care sector, whether to participate in workshops/webinars or to search out public health on-line resources for information and advice related to healthy and sustainable child care, there may be existing networks that the PHU can tap into. Some PHUs mentioned that the uptake of these webinars is often among those who are already engaged, and it is challenging to reach priority populations.

Thought starter questions:

1. What existing public health channels could be utilized to promote awareness, knowledge and action in the child care sector on environmental health and sustainability concerns?
2. Which public health communications channels are most likely to be effective in connecting with child care professionals working in marginalized communities, including those in the unregulated home-based sector?
3. What is the potential relevance and utility of the CPCHE Resource Hub within such efforts? Are there adaptations of the CPCHE resources that would make such outreach and engagement more effective?

Feedback on Pathway 2 – Leveraging Existing Communication Channels: Opportunities and Challenges

PHUs acknowledged the opportunity to incorporate information from the CPCHE Child Care Checklist and Resource Hub with regular communications with child care settings, e.g., newsletters and PHU websites. The PHU could provide an article(s) highlighting the CPCHE Resource Hub and link to the website. PHUs could also provide resources at community events (e.g., fairs and festivals). Another suggestion was to communicate messages through social media channels, and explore opportunities to have messages endorsed by other organizations and partners beyond the public health sector e.g., Canadian Association of Science Centres. Challenges in engaging the unregulated sector were noted, with agreement that marginalized and at-risk populations are harder to reach through webinars, workshops and other educational events.

Pathway 3. Leverage Mutually-Supportive Mandates and Goals across Public Health Programs

The Ontario Public Health Standards (OPHS) emphasize the importance of working across public health programs to identify synergies and leverage overlapping mandates. There are several opportunities across a number of OPHS program standards to collaborate for healthy, equitable child development, focusing on child care settings – whether licensed or unlicensed, centre-based or in a home setting, based on the mandates within these OPHS standards:

- Infection Prevention and Control Protocol: inspect all licensed child care settings *"for adherence to IPAC practices"* and respond to *"environmental health issues ... in accordance with the Health Hazard and Response Protocol"*
- Health Equity Foundational Standard: *"orient public health interventions to decrease health inequities"*
- Healthy Growth and Development Program Standard: implement public health interventions to support healthy growth and development through *"consultation and collaboration with local stakeholders ... child care providers and organizations that provide child care services such as Community Hubs and Family Centres; social services providers"*
- Healthy Environments Program Standard: *"collaborate with community partners to develop effective strategies to reduce exposure to health hazards and promote healthy built and natural environments."*; *"...implementing public awareness initiatives to address environmental exposures"*

Opportunity to leverage Health Equity and Healthy Environments mandates:

Health equity is a foundational standard within the OPHS and a strategic priority for many public health units. Health equity is also a focus of social services agencies. There may be an opportunity to better support home-based child care settings in socio-economically marginalized communities where need may be greatest, by applying the health equity lens. While it may be challenging to identify and prioritize these settings, there are examples where PHUs have collaborated to support equity-deserving groups for climate resiliency. Through spatial mapping, the Regional Municipality of Peel (includes Public Health) prioritized tree-planting for heat-health protection by mapping locations with greatest concentration of vulnerable populations (e.g. Ontario Marginalization Index) and lower street tree canopy cover (<https://www.cpha.ca/bringing-health-and-health-equity-natural-heritage-peel-region>). This could also be a way to prioritize health promotion interventions within the child care sector.

An opportunity to explore this type of spatial mapping could be through Canadian Urban Environmental Health Research Consortium's HealthyPlan.City resource (<https://healthyplan.city/en>). This tool provides spatial data to identify environmental inequities - for example, neighbourhoods with relatively higher proportion of vulnerable populations (e.g., children, low-income, newly-arrived immigrants), which can then be overlaid with built environment features (e.g., tree canopy cover, educational facilities, recreation). If licensed child care settings could be mapped through this tool, neighbourhoods with limited access could be prioritized for health promotion and awareness initiatives.

Public health agencies also respond to, and track inquiries and complaints regarding a variety of public health issues including issues related to healthy environments, and risks related to health hazard exposure in various settings. Examining this data as part of the PHU requirement to – *"(a) conduct surveillance of environmental factors in the community", "(b) conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations"*,

and “c) use information obtained to inform healthy environments programs and services,” – could accelerate action to prioritize healthy environments in child care settings.

Opportunity to Align Public Health Activities by Topic, Sector or Intervention

There are also opportunities to align PHU activities around specific topics (e.g., IPAC), by sector (e.g., PHIs) or in accordance with specific areas of intervention (e.g., child care settings). This approach, actively considered by some PHUs, organizes PHU functions/activities based on populations served or by setting and thus may provide opportunity to better support priority populations within the child care sector. For example, the PHU team that supports the child care sector could consist of health promoters, public health inspectors/environmental health officers, public health nurses, health equity and population health assessment specialists. Working collaboratively, this team can identify interventions to best address healthy and sustainable child care while ensuring that public health mandates, such as IPAC, are prioritized. Another advantage of this model for the child care sector is having one point of contact with the PHU.

Considerations:

Priority focus of health equity teams may be working to build relationships and trust over time. Effectively integrating a health equity lens into specific public health topic areas -- e.g., inspections, child care settings, priority populations -- can happen over time, but should build on trusting relationships established within the community and across sectors. Currently there are barriers in engaging the unregulated, home-based child care sector, for a number of reasons, including factors related to the social determinants of health, such as income, education, socio-economic status, social supports, racial discrimination, etc.

Thought starter questions:

1. How can public health's mandate and commitment to health equity be leveraged to catalyze coordinated action across public health program areas to support environmental health protective measures in child care settings?
2. Considering young children's heightened susceptibility to harm from many environmental hazards (e.g., lead, air pollution, extreme heat), do you think the idea of targeted outreach and support for child care settings that serve marginalized and at-risk populations is a potentially impactful health equity strategy for public health?
3. We often think primarily about the role of PHIs/Environmental Health Officers (EHOs) in visiting and supporting child care settings, but other parts of public health are also relevant, especially from a health equity perspective and considering the reality of unlicensed care. From your experience, what public health program areas and capacities are relevant to the child care sector and how might an integrated team approach for child care settings be justified and mobilized?

Feedback on Pathway 3 – Leveraging Mandates across Public Health Programs with a Focus on Health Equity: Opportunities and Challenges

Working across public health programs was highlighted as an area with the greatest potential, noting that it must be strategic and intentional, and that PHPs need to see the intersections across programs (e.g., health equity, healthy environments, healthy growth and development) in order to leverage the opportunities. Various public health professions and skill sets can have a role (e.g., PHIs/EHOs, public

health nurses, health promoters, dieticians, etc.). Guidance within public health standards would be helpful.

Feedback from public health professionals acknowledged the opportunity to build on/leverage existing connections across different public health programs, such as environmental health and health equity, and with broader networks (e.g., child care agencies and associations, municipal social services providers), to share knowledge and expertise, and explore ways to promote equity and environmental sustainability in child care settings beyond the mandated inspections. PHPs also recognized the opportunity for outreach and support for child care settings that are serving marginalized populations, through community supports that have established relationships and trust.

The importance of targeted training for public health officials, potentially through professional development sessions or workshops, was highlighted as a key step. A comprehensive approach to training is needed that includes: health risks of environmental exposures, evidence-based health protective measures to reduce risks, and opportunities to incorporate equity-focused public health practice.

The foundational public health standard to address inequities has PHPs and agencies increasingly striving to incorporate health equity into all public health practice, such as through the development of health equity frameworks. This approach recognizes the importance of integrating equity actions, based on consideration of local needs, within local public health practice and within policies/practice of partner agencies, developing both internal and external relationships, and having internal champions. Use of this health equity framework approach and public health mandates can create opportunities to more effectively collaborate for healthy, safe, equitable and environmentally sustainable child care settings – whether licensed or unlicensed, centre-based or home-based.

Advocacy for mandatory licensing of all child care settings regardless of setting, and for healthy learning environments for all children, were highlighted as key health equity strategies to promote environmental health and sustainability in child care settings. As noted earlier, adequate funding, training, equipment, resources, outreach programs, and coordinated actions by government and other agencies is necessary, to begin to identify and possibly address inequities.

It was noted that while the OPHS directs PHPs to collaborate with community partners and implement public awareness initiatives to reduce exposure to health hazards and address environmental exposures, child care professionals/operators may need funding or subsidies in order to address these risks.

The work of cross-disciplinary “healthy built environment teams” was given as an example of how neighbourhood inequities are being identified and targeted for public health interventions in conjunction with municipalities or other agencies. A similar approach using spatial mapping, such as the Canadian Urban Environmental Health Research Consortium’s HealthyPlan.City resource described above, could be used to support the child care sector.

Pathway 4. Participate in Intersectoral Committees at the Community Level

Some Public Health Units participate on intersectoral committees to discuss child care issues, e.g., with community partners such as social service agencies that work more directly with individuals and groups.

Through these partnerships, public health could inform and influence practices within child care settings beyond those receiving mandated public health inspections.

For example, the Regional Municipality of Peel’s Human Services Group oversees additional funding requests (e.g., for repairs) from child care operators, including home-based services. They also coordinate educational sessions for the sector. During COVID, public health collaborated with the Human Services Group to deliver educational sessions to child care operators and early childhood education (ECE) staff.

Thought starter questions:

1. Are intersectoral committees at the municipal/community level a realistic and potentially impactful pathway for engaging child care providers on environmental health and sustainability issues?
2. Do such committees offer a strategic pathway for connecting with and supporting the child care providers that serve, in particular, marginalized and equity-deserving populations?

Feedback on Pathway 4 – Local Intersectoral Committees: Opportunities and Challenges

Discussion of this pathway was beyond the scope of the March 7th consultation. One public health professional commented that opportunities would likely vary from region to region depending on the local governance structure and capacity. Another highlighted a recent opportunity for public health to participate in conferences for licensed home child care operators hosted by the local municipality’s children’s services sector.

Pathway 5. Engage Municipalities that have Oversight for Child Care

In Ontario, all upper tier municipalities are the Consolidated Municipal Service Managers (CMSMs) for licensed child care (centre and home-based) and early years centres. They administer the child care fee subsidy and co-funding, and enter into local service contracts with child care providers. Part of that oversight is ensuring quality and safety and as such, they also “inspect” each child care centre, early years centre, and licensed home child care. They utilize pedagogical best practices developed by the Ministry of Education to hold the centres accountable to various quality frameworks. Within this is the need to address health equity and support marginalized populations.

PHUs could engage the municipalities that have this oversight for child care, and encourage them to incorporate environmental hazard information (e.g., CPCHE’s Resource Hub) into their quality assurance process. This may be particularly relevant/useful for those that use an audit tool. PHUs could provide train-the-trainer sessions for CMSMs and staff, to increase awareness of environmental health risks, which could have impacts beyond the licensed child care settings. Collaboration with Ontario Municipal Social Services Association (OMSSA), which has CMSMs as members, could be useful in this regard.

Thought starter questions:

1. From a health equity perspective, would public health collaboration with CMSMs, in the context of CMSMs’ child care oversight and quality assurance role, be a potentially fruitful pathway?
2. Is the idea of encouraging CMSMs to incorporate the CPCHE Resource Hub as a tool within their

oversight of subsidized/licensed child care likely to be successful? Why or why not?

Feedback on Pathway 5 – Engaging Municipalities: Opportunities and Challenges

Discussion of this pathway was beyond the scope of the March 7th consultation. One public health professional commented that it would take time to build relationships and this work would need to be prioritized against other competing issues.

Pathway 6. Engage Provincial Ministries with Mandates related to Child Care and Healthy Environments

Various provincial ministries have unique and complementary responsibilities for child care and for public health. For example, in Ontario relevant ministries include Children, Community and Social Services, Ministry of Education, and Ministry of Health. Complementary mandates of these ministries include supporting the health and safety of children, healthy child development, healthy physical environments and health equity. Other organizations, such as CIPHI, the National Collaborating Centre for Environmental Health (NCCEH), the National Collaborating Centre for Determinants of Health (NCCDH), and Public Health Ontario (PHO), work to increase awareness and action to reduce environmental exposures to chemical toxicants, including in child care settings. There may be opportunities for public health to work with these ministries, agencies and associations to advance environmental health and sustainability within the child care sector.

Opportunities to engage provincial ministries

It is time-intensive for PHUs to develop resources at the local level. Evidence-based health-promotion materials produced by other agencies and organizations, (such as the CPCHE Resource Hub), and endorsed by provincial ministries, can be more effective than having PHUs develop them individually. It could also leverage the PHUs limited resources to devote to their core public health work, which is at the community level. While the application is local, the evidence is universal.

In Ontario, the OPHS review that is currently underway provides an opportunity to identify health equity priorities across all public health programs. Provincial direction within this OPHS process that recognizes and prioritizes actions to ensure that all child care settings are healthy, sustainable and inclusive can be an important step towards healthy child development and health equity.

Public Health Ontario's expertise and resources have been very helpful for local PHUs across Ontario in synthesizing and supporting evidence across all public health program areas. Engaging the agency on environmental health and sustainability in the child care sector can support PHUs in meeting their mandates including: developing effective strategies to reduce exposure to health hazards and promoting healthy environments.

Opportunities to engage agencies and government departments at other levels

Agencies and government departments at the national level can be an important resource and partner in promoting environmental health and sustainability within the child care sector. For example:

- The National Collaborating Centre for Environmental Health and the NCCDH, have expertise and resources to support environmental health protection and health equity. The NCCs have been very supportive in the past in providing opportunities for public health and other organizations to

promote and share evidence-based information to support effective public health practice and collaboration/partnerships.

- Health Canada (e.g., Product Safety Officers) connects with local public health to discuss opportunities for outreach and education on chemical risks. Presentations could be to both child care professionals (ECE operators/staff) and public health professionals (PHIs/EHOs, PHNs). PHU could encourage child care professionals to sign up for Health Canada recalls as some of these include exposure to chemicals in products). Health Canada sponsors student grant program: example – offering audits to providers to reduce their carbon footprint through water conservation. This may be an option to explore to promote the CPCHE Resource Hub.

Considerations: While it may be challenging to engage at these levels, it is something that should be considered given the opportunities to address multiple issues: health equity, child health, environmental exposures.

Thought starter questions:

1. Given the mandates and the responsibilities of various provincial ministries in supporting the health and safety of children, healthy child development, healthy physical environments and health equity, do you see opportunities for public health to work with these ministries, agencies and associations to further advance environmental health and sustainability within the child care sector?
2. Given the complementary areas of focus of agencies and ministries at the national level (e.g. NCCEH/NCCDH in addressing environmental inequities; Health Canada and Environment and Climate Change Canada's Chemicals Management Plan to "help protect Canadians and the environment, including populations who may experience greater susceptibility and exposure to harmful chemicals") how might public health professionals leverage the work of these agencies to support environmental health and sustainability in child care settings?

Feedback on Pathway 6 – Engaging Ministries, Agencies, Associations: Opportunities and Challenges

There was recognition that provincial public health agencies should be doing the centralized work, with local public health agencies focusing on local work. As noted above, provincial public health standards provide the direction and guidance for local public health interventions, whether health inspections, health promotion or equity-focused community engagement. There was general agreement that Public Health Ontario's expertise and resources have been very helpful for PHUs in the past, and noted that Public Health Ontario is currently developing a new child care resource. A recommendation was made to contact the provincial agency to encourage them to incorporate environmental health and sustainability information within the child care resource, as a way to more formally adopt such practices within protocols and guidance documents used by local PHUs.

Greater awareness of the resources available (e.g., Health Canada and Environment & Climate Change Canada's resources on health risks of exposure to toxic substances) would be helpful. How this information is incorporated into local public health interventions (e.g., health promotion campaigns, inspections and investigations) depends on many factors, including local capacity.

There was also recognition of a potential role for the NCCEH or CIPHI to collate resources related to children's environmental health, including the CPCHE resources, with an opportunity to engage these environmental public health organizations in future efforts to address environmental health and sustainability within the child care sector. For example, as part of their professional development mandates, CIPHI and/or ASPHIO could review and identify resources, such as the CPCHE Child Care Checklist and Resource Hub, to be used as supporting materials for PHUs.

Pathway 7. Academic Learning and Professional Development

There are opportunities to increase/expand the training that public health students receive on environmental health and sustainability issues, including childhood exposures to toxic chemicals and associated health risks (e.g., for PHIs through Bachelor of Environmental Health programs). Information could be incorporated within several mandatory courses such as toxicology, built environment, inspection practices, and epidemiology. Some public health professionals have pointed out that the gap in public health student training/curriculum on child care in general, and on the specifics of child health and environment (e.g., exposures, vulnerabilities) in particular.

There is also the opportunity for cross-sectoral training between academic institutions that provide degree/certificate programs for environmental public health (BEPH program) and Early Childhood Education (ECE). Faculty within Bachelor of Environmental Public Health programs have collaborated with their institution's ECE program to provide cross sector training. PHUs could offer environmental health education to colleges that offer ECE programming. One public health professional mentioned that they present annually to the local college's ECE program on IPAC but also includes some discussion on environmental hazards, particularly related to sensory play, arts/crafts, plants, etc.

There is an opportunity to provide professional development to PHIs in the field through CIPHI. As was done with the 2010 CPCHE Child Care Checklist, perhaps CIPHI could provide training to current PHIs on this topic - not just on the unique vulnerabilities and exposures to toxic chemicals for children, but also on ways to collaborate across sectors to reduce health inequities and improve health protection. Opportunities may exist through the Canadian Public Health Association (CPHA) professional conferences, as well, which reach a broader cross-section of public health professionals

Considerations: Action in this area could include targeted education (e.g., for PHIs) that focus on specific competencies related to child care visits, as well as for public health trainees in other realms of public health (e.g., health promotion) given the interdisciplinary nature of children's environmental health in child care settings (e.g., related to toxics, nutrition, built environment, cleaning and disinfecting practices, physical activity, environmental justice, etc.).

Thought starter questions:

1. Do you feel that current public health professional education in Canada, on average, has a (in)sufficient focus on environmental health and sustainability topics? Do you have examples of what is working well / not well in this regard?
2. How could environmental health and sustainability topics and competencies be more robustly incorporated into public health education and continuing professional development in Canada?
3. How widespread are the opportunities to put in place an integrated public health-ECE training experience at the college/university level?

Feedback on Pathway 7 –Academic Learning and Professional Development: Opportunities and Challenges

Public health professionals recognize the variability across schools of public health and within the various public health disciplines regarding coverage of and prioritization of environmental health, climate change and sustainability. The importance of including these topics in curriculum was noted, with recognition of an increasing call for incorporating core competencies in children’s environmental health, climate change and health, sustainable development, and environmental justice and health equity.

As noted in the Chief Public Health Officer of Canada’s Report on the State of Public Health in Canada 2022⁴, *“Environmental public health professionals can play a key role in building sustainable environments and addressing environmental problems linked to climate change.”* The Report goes on to say that *“Despite recognition of its importance, there is little inclusion of climate change in the curriculum of Canadian graduate programs in public health or in the core competencies for public health.”*

A suggestion was made for CIPHI to partner with accredited schools and ECE education programs to offer comprehensive training/webinar series on topics related to children’s environmental health.

Part 3: Opportunities within the Child Care Sector

Building on the potential pathways for public health outlined in Part 2, the aim of this section is to identify corresponding opportunities in the child care sector to promote knowledge and uptake of environmental health and sustainability improvements in child care programs. Within this, we are particularly interested in identifying potential pathways to address the specific needs and circumstances of home child care and those operating in the unlicensed/unregulated sphere.

Pathway 1: Education, Training and Professional Development

Building the knowledge and capacity of child care professionals to address environmental health and sustainability issues in child care settings can create an important foundation for child care sector engagement and action. Efforts in this area could include:

- Incorporation of environmental health and sustainability information and competencies in Early Childhood Education (ECE) training programs

⁴ Mobilizing Public Health Action on Climate Change in Canada. Chief Public Health Officer of Canada’s Report on the State of Public Health in Canada 2022. <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/state-public-health-canada-2022/report.html#way>

All post-secondary learning institutions that offer ECE training require ECE students to take a course about health, wellness, safety and nutrition (see examples in [Annex 5](#)). The specific information about environmental health and sustainability and the competencies would be included at the discretion of the instructor. It would be beneficial to promote the Resource Hub and inform ECE faculty about the accessible Canadian tools readily available thus making it easy for faculty to incorporate it into their curriculums. As noted above in Part 2, some colleges are starting to offer cross-sectoral training for environmental public health trainees and ECE trainees.

- Presenting environmental health and sustainability topics at the sector’s professional conferences, including policy and practice dimensions

CPCHE and CCCF have collaborated on presenting environmental health topics, including the CPCHE Resource Hub and Checklist, as well as outreach on radon, at professional child care conferences. Engagement of public health in the child care sector’s professional conferences is an opportunity to elevate environmental health topics and build cross-sectoral relationships and information flow. With a modest investment of resources, the current CPCHE-CCCF collaboration on professional development to support knowledge/capacity for environmental health and sustainability in child care settings could evolve into a mini online course (e.g., three 1-hour modules). It could be offered to both ECE and public health professionals with associated professional development credits.

- Providing routine opportunities for professional development on environmental health and sustainability issues (e.g., via CCCF’s continuing education platform)

Professional development webinars on environmental health topics have been another active dimension of CPCHE-CCCF collaboration, in which our public health partners/affiliates (OPHA, TBDHU) have been actively involved. There are opportunities for increased public health involvement in these efforts at regional, provincial/territorial, and national levels.

- Promoting the opportunity to earn professional development credits for completing the CPCHE Child Care Checklist

CCCF currently offers a professional development certificate to child care professionals who complete the online CPCHE Child Care Checklist (an interactive component within the CPCHE Resource Hub).

Thought starter questions:

1. What are the best ways to ensure that child care professionals have the foundational knowledge and training opportunities to support their vital role in implementing environmental health and sustainability measures?
2. How can knowledge and capacity among child care providers in the unregulated sphere (e.g., informal home-based care) on these issues be supported?

Pathway 2: Sharing information and practical measures via existing networks

Utilizing existing networks to promote awareness, knowledge and uptake of environmental health and sustainability measures for child care settings can capitalize on robust communications networks within

the child care sector, notably via CCCF. There is also the opportunity to tap into communications channels and networks of public health and social services providers operating at a local level.

- Utilizing child care sector communications channels

CCCF has an expansive reach into the child care sector, including licensed and unlicensed, centre based and home child care. The 13 affiliates within CCCF's federated structure are also well-positioned to share such information to attain further reach in their provinces and territories. CCCF is very receptive to sharing information and resources from public health units on their website and via social media.

- Utilizing communications channels of public health, social services and other entities at the local level

Social services organizations, including those that support the needs of under-resourced, racialized and newcomer families, are potential partners in sharing out information and guidance on environmental health and sustainability issues in child care settings. Local libraries, elementary schools and recreation centres also present good opportunities for distribution of information to increase awareness and promote practices that reduce children's exposure to toxic chemicals and advance action for healthy, sustainable and equitable child care settings.

Thought starter questions:

1. How can child care providers in the unregulated sphere, in particular those offering services in under-resourced communities, be encouraged and supported to tap into existing networks among child care professionals (e.g., CCCF)?
2. What local resources (e.g., frontline social services) might be a useful and trust-based point of connection for engaging with and addressing environmental health concerns among marginalized families and/or the child care providers who work with them?

Pathway 3: Expanding and facilitating access to needed supports

While many of the environmental health measures outlined in the CPCHE Resource Hub and Checklist are low- or no-cost and relatively easy to implement, there are some sources of adverse environmental exposure (e.g., elevated radon levels, mould caused by flooding or plumbing deficiencies, excess heat/cold or poor indoor air quality due to inadequate heating, cooling and/or ventilation systems) that require greater expertise and investment. A potential area for public health-child care sector collaboration would be to advocate for, promote awareness of, and facilitate access to governmental and other types of support programs to enable such improvements.

Thought starter questions:

1. How might the child care sector and public health collaborate to facilitate access to available sources of funding and other supports to address unhealthy conditions in child care settings?
2. What governmental programs (e.g., home/building retrofit funding, heat pump rebates) could be encouraged, perhaps through joint child care-public health advocacy, to prioritize home-based child care settings in marginalized communities for support?

3. Is there a moment of opportunity to pursue prioritization of investments in healthy child care settings, given that the right to a healthy environment is now part of the Canadian Environmental Protection Act (CEPA)?

Pathway 4: Cross-sectoral Promotion of CPCHE Resource Hub and National Vision

Child care professionals recognize and respect the expertise of public health when it comes to health and safety in their programs, and value the leadership and connections offered by their professional associations (e.g., CCCF and its affiliates). CCCF has strongly endorsed and actively promoted the CPCHE Resource Hub and Checklist. Coordinated support and endorsement of the CPCHE Resource Hub from both sectors (e.g., CCCF in addition to CIPHI, CPHA, etc.) would be instrumental in elevating its potential role and uptake.

Similarly, a joint advocacy approach between the child care and public health sectors could help advance the elements of the national vision for healthy and sustainable child care environments (see Annex 1) that was led by CPCHE and CCCF with active involvement of public health and multiple other sectors.

The process of coordinating endorsement and promotion activities involving leading associations and thought leaders in the two sectors would generate intangible benefits in terms of relationship-building and knowledge sharing, while at the same time avoiding duplicative efforts and supporting clarity and cohesion in the messaging received by those working on the frontlines in public health and in child care.

Thought starter questions:

1. Would public health consider some form of endorsement of the CPCHE Resource Hub, e.g., by contributing their logo as a project partner? If so, which organization(s) or association(s) should be approached?
2. Is there interest in continuing cross-sectoral dialogue, consultation and potential strategic alliance between public health and child care on key areas of shared mandate and concern? If so, what form should it take?

Feedback on Opportunities and Challenges within the Child Care Sector

The March 7th roundtable touched on some key opportunities for engagement of the child care sector, including using professional development, using inspections to engage providers, adapting resources for different child care settings and offering support to child care professionals. There were challenges highlighted, such as fear of noncompliance and inadequate funding. Opportunities were identified related to adapting the CPCHE Child Care Checklist and Resource Hub, and holding educational workshops. Overall, there was enthusiasm for more dialogue, educational initiatives, and partnerships to enhance child care environments.

Part 4: Conceptualizing a pilot to explore strategic public health-child care sectoral collaboration

CPCHE, CCCF and OPHA are interested in designing a collaborative pilot initiative to further explore and gain practical experience with strategies to increase cross-sectoral public health-child care collaboration to promote and support healthier and more sustainable child care settings.

Participants in the March 7th consultation meeting offered suggestions on the purpose, scope, content and potential partners of such a pilot.

Thought-starter questions:

1. At what jurisdictional level does a public health-child care pilot initiative make the most sense?
2. What might it look like to focus a pilot specifically on the circumstances and needs of home child care programs with respect to environmental health and sustainability?
3. How might a pilot be used to explore means of engaging with child care providers in the unregulated/unlicensed sector?
4. What design features could be built into a pilot to explore the question of whether and how improvements in child care environments are a promising strategic pathway to reduce child health inequities related to adverse environmental exposures/environmental injustice?
5. Would your agency/organization/association be interested in potentially getting involved in designing and/or implementing a pilot?

Feedback on Conceptualizing a Pilot to Explore Strategic Public Health-Child Care Sectoral Collaboration – Opportunities and Challenges

Feedback from public health and child care professionals helped generate ideas on possible design features and objectives of a potential future pilot to explore sectoral collaboration towards healthier and more sustainable child care environments. This discussion highlighted the perceived benefits of a pilot project, emphasizing the importance of support, knowledge exchange, and dialogue for successful development of a pilot project.

A pilot that offers support and guidance would help administrators take steps towards implementing best practices. Knowledge exchange and dialogue between different child care settings and the public health sector was highlighted as a valuable component of a pilot project. Cross-provincial learning and collaboration would avoid a region-centric approach. Promoting the CPCHE Child Care Checklist and Resource Hub through workshops, presentations, and educational opportunities was recognized as a key opportunity.

Annex 1: Vision statement for Healthy and Sustainable Child Care

HEALTHY AND SUSTAINABLE CHILD CARE ENVIRONMENTS – A Vision for Canada –



Canadian Partnership for Children's Health & Environment (CPCHE)
www.healthyenvironmentforkids.ca

April 2022

HEALTHY AND SUSTAINABLE CHILD CARE ENVIRONMENTS – A Vision for Canada –

Canada has an unprecedented opportunity to ensure that child care settings support optimal and equitable child health and well-being.

As of March 2022, federal-provincial/territorial child care investment agreements are in place across the country. With the prospect of much needed investments in the child care sector now a reality, there is a once-in-a-generation opportunity to define and act upon a vision for healthy and sustainable early learning environments that support the well-being of children and staff.

We, the undersigned, envision a Canada in which all levels of government are working in concert with the child care sector, advocacy organizations, communities, families, and other stakeholders to ensure that *all* children in Canada have the opportunity to learn, play, grow and thrive in child care settings that are:

- **Healthy**, with health defined broadly to include the full array of physical, mental, emotional, social, and ecological dimensions of human well-being; and
- **Sustainable**, climate-resilient, and respectful of the land, with design features and day-to-day practices that conserve resources, reduce waste, minimize carbon emissions and other pollutants, and support children's connections with the natural world.

Why are healthy and sustainable child care environments important?

The first five years of life are of critical importance for healthy child development. The indoor and outdoor environments in which young children learn, play, and grow contribute in crucial ways to children's lifelong health trajectories. With many children spending six or more hours per day in child care,¹ it is important to focus on the quality of those settings. A growing body of scientific and practitioner knowledge attests to the importance of healthy settings as a determining factor in child well-being. Spending time in healthy and nurturing physical and social environments – having ample access to nature and green spaces, and seeing their cultural identities reflected and celebrated in their surroundings – can contribute positively to children's development and their growth as lifelong environmental stewards. Building a sense of connection to land and natural places early on in life is essential to fostering reciprocal

relationships between children's health and the health of the environment for this and future generations.² Conversely, spending time in unhealthy conditions – with ongoing exposures to poor air quality, pesticides, toxic substances in cleaners, toys and furnishings, or contaminants in drinking water – can harm children's developing bodies and brains, exacerbate asthma and other health conditions, and interfere with their endocrine and immune systems.³ As such, harmful exposures during these critical early years can contribute to developmental, learning, and behavioural challenges, and set children on a path towards chronic diseases later in life.⁴

All children have a right to healthy learning environments

Every child has the right to breathe clean air, consume safe food, have access to safe drinking water, and be protected from exposure to toxic chemicals, pollutants, radiation and other hazards in their indoor and outdoor environments.⁵ Yet, widespread disparities persist in children's levels of exposure to pollution and toxic chemicals, their access to clean drinking water, green spaces and safe places to play, and their exposure to climate change-related health impacts.⁶ These disparities result from socio-economic marginalization, legacies of colonial oppression, and other determinants of health inequity. Providing *all* children in Canada with an equal opportunity to learn and play in healthy and sustainable child care environments, achieved through sound policies, sufficient resources, and meaningful engagement of children, parents/guardians, care providers and communities, is a necessary and attainable step towards reducing environmental health inequities.

Indigenous Early Learning and Child Care

This vision statement does not identify specific policy actions linked to Indigenous early learning and child care. We recognize and affirm the rights of Indigenous governments to design and develop early learning and child care (ELCC) systems and services that are distinctions-based and self governed consistent with the vision and principles set out in the **Indigenous Early Learning and Child Care Framework** and commitments under the **United Nations Declaration on the Rights of Indigenous Peoples**.

A Vision for Healthy and Sustainable Child Care and Early Learning Environments

Ensuring that all children in Canada have access to healthy and sustainable child care settings is a collective responsibility. The ten core elements of healthy and sustainable child care environments set forth in this vision statement are intended as a framework to support collective efforts towards a world-class child care system in Canada that supports and promotes child health and well-being, now and into the future.

All children in Canada have the right to access child care settings that:

1. Are purposefully designed, built and/or retrofitted to promote health, wellness, and environmental sustainability. This includes adequate ventilation, heating and cooling; natural light and fresh air; ample outdoor space with adequate shade; and measures to increase energy efficiency. Additional measures to protect health and reduce ecological impact should also be pursued, including the adoption of renewable energy sources (especially in new builds) and the use of sustainable and zero/low-toxicity building and renovation materials.
2. Are located away from sources of pollution, such as high traffic corridors and industrial facilities.
3. Minimize carbon emissions and reliance on fossil fuels, and mitigate adverse effects of climate change such as extreme heat and flooding, through building design and operations.
4. Have indoor radon levels that are at or below the Government of Canada guideline.
5. Minimize or eliminate exposure to toxic chemicals (1) in products such as toys, arts and crafts supplies, plastics, and furnishings, (2) in foods (e.g., pesticide residues) and in the practices and materials used in preparing, serving and storing food, (3) through the use of safer cleaning and disinfecting practices and products, in compliance with public health guidelines, (4) in the prevention and control of pests and in the maintenance of lawns and gardens, and (5) in building maintenance, renovation and repairs.
6. Provide access to clean and safe drinking water.
7. Prioritize children's access to the natural world by (1) situating child care programs within or near natural areas or urban green spaces, (2) optimizing outdoor learning and play spaces, and (3) promoting nature-based child care practices and land-based learning.
8. Advance societal action on climate change and counteract climate anxiety by modeling climate action best practices such as energy conservation, low-carbon travel, use of renewable energy sources, gardening, de-paving, and greening initiatives.
9. Are inclusive, accessible and culturally appropriate⁷ for all children.
10. Are staffed by professionals who have the funding, training, and other resources to support their role in ensuring healthy, safe, and sustainable early learning environments.

Towards the realization of the Vision

Progress is being made, much more needs to be done.

There are encouraging markers of intersectoral commitment and progress towards the realization of high quality, healthy, and sustainable child care environments in Canada. Information resources are increasingly available, such as the newly updated [CPCHE/CCCF online child care resource and checklist](#), which reflects more than a decade of intersectoral work to equip the child care sector with evidence-informed measures to improve environmental health. Sectors and organizations are coming together to promote knowledge sharing and action, as evidenced by the many collaborators involved in the 2022 [Healthy Environments for Learning Day](#) campaign for healthy and sustainable child care environments. Baseline understanding of practices, challenges, and opportunities related to environmental health and sustainability in child care settings is coming into clearer focus with the results of the recent [national survey of child care professionals](#). Multiple organizations and networks are working to advance key aspects of the vision, such as outdoor and nature-based play, inclusive spaces, environmental justice, climate action, and sustainable built environments.

Yet, much more needs to be done to support the child care sector in creating and maintaining healthy and sustainable settings. Evidence-informed guidelines are currently not available on many environmental health parameters. Most child care programs lack the resources, training, and supports needed to improve environmental health conditions in their settings and enhance their day-to-day practices. Effective collaborative structures and improved communications across multiple levels of governance and with relevant stakeholders are needed to define and advance necessary actions. And there is a

need to increase investments in research to better understand levels of exposure to toxic substances and related health implications, in order to inform health-protective guidelines and track the effectiveness of exposure reduction measures.

To support action towards this collective vision, the Canadian Partnership for Children's Health and Environment (CPCHE) and the Canadian Child Care Federation (CCCCF) commit to continuing to work in concert with the undersigned to bring together relevant sectors, stakeholders, and partners; identify knowledge gaps and capacity needs; foster the development of, and access to, relevant information and guidance; support the child care sector in tracking and celebrating progress; and amplify the collective voices of child care professionals, families, young people, and relevant stakeholders in pursuing this national vision.

Signatories

In solidarity and with determination for the health and well-being of our nation's children and future generations, this vision is advanced collectively by:

Canadian Partnership for Children's Health and Environment	Friends of the Earth
Canadian Child Care Federation	Green Teacher
Child Care Now	EcoSchools Canada
Child and Nature Alliance of Canada	Evergreen
Outdoor Play Canada	Shake Up The Establishment
Canadian Public Health Association	Centre for Environmental Health Equity
Children's Environmental Health Clinic: A World Health Organization (WHO) Collaborating Centre in Children's Environmental Health	Prenatal Environmental Health Education (PEHE) Collaboration
Raffi Foundation for Child Honouring	Foundation for Resilient Health
Learning Disabilities Association of Canada	Coalition of Child Care Advocates of BC
For Our Kids	Early Childhood Educators of BC
First Call Child and Youth Advocacy Society	Alberta Family Child Care Association
Canadian Association of Physicians for the Environment	Saskatchewan Early Childhood Association
Canadian Association of Nurses for the Environment	Ontario Coalition for Better Child Care
Ontario Public Health Association	Association of Early Childhood Educators Nova Scotia
Women's College Hospital – Environmental Health Clinic	Saskatchewan Early Prevention Institute
Canadian Environmental Law Association	Association of Regulated Nurses of Manitoba
Pollution Probe	Manitoba Nurses for Health and Environment
Équiterre	Andrew Fleck Children's Services
Environmental Defence	Today's Family Early Learning and Child Care
David Suzuki Foundation	South Riverdale Community Health Centre
Climate Emergency Unit	Grey Bruce Health Unit
Canadian Lung Association	Thunder Bay District Health Unit
New Brunswick Lung Association	Ingrid R.G. Waldron, PhD, Professor & HOPE Chair in Peace & Health, McMaster University
Prevent Cancer Now	Bruce P. Lanphear, MD, MPH, Professor of Children's Environmental Health, Simon Fraser University

Endnotes:

- 1 While data are scarce, a [2011 Statistics Canada report](#) noted that among families that use child care, most have their children in care on a full-time basis (30 hours per week or more).
- 2 See, for example, Outdoor Play Canada's [Position Statement on Active Outdoor Play](#).
- 3 For a summary of the child health implications of environmental exposures to toxic substances, see CPCHE's [Child Health and the Environment Primer](#).
- 4 See, for example, Clark, H. et al (2020). [A future for the world's children? A WHO-UNICEF-Lancet Commission](#); and Cooper, Marshall, Vanderlinden & Ursitti (2011). [Early Exposures to Hazardous Chemicals/Pollution and Associations with Chronic Disease: A Scoping Review: Executive Summary](#).
- 5 The right to a healthy environment is increasingly recognized worldwide. The [1972 Declaration of the United Nations Conference on the Human Environment](#) affirmed a fundamental right to an environment "of a quality that permits a life of dignity and wellbeing." In October 2021, the United Nations Human Rights Council adopted [Resolution 48/13: The Human Right to a Clean, Healthy and Sustainable Environment](#). In Canada, the right to a healthy environment is included in [Bill S-5](#) to amend the Canadian Environmental Protection Act.
- 6 For example, a 2007 [Ecojustice report](#) and 2019 [update](#) detail the disproportionate burden of industrial pollution affecting Aamjiwnaang First Nation in Canada's Chemical Valley. Across Canada, 34 First Nations reserves remain [under long-term drinking water advisories](#). Multiple studies document unequal access to green space (e.g., tree canopy, parks) in low-income and racially-marginalized communities as compared to more affluent and predominantly white neighborhoods.
- 7 See, in particular, Truth and Reconciliation Commission of Canada, Call to Action #12. https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

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Annex 2: Summary of Public Health – Child Care Consultation (with annexes)



Roundtable Discussion on Child Care - Public Health Collaboration for Healthy and Sustainable Child Care Environments in Canada

March 7, 2024, 1:30 – 3:00 pm Eastern

Meeting Summary

Introduction

In March 2024, the Canadian Partnership for Children’s Health and Environment (CPCHE), the Canadian Child Care Federation (CCCCF), the Ontario Public Health Association (OPHA) and the Thunder Bay District Health Unit (TBDHU) convened a virtual roundtable discussion among professionals and thought leaders in the child care and public health sectors to explore opportunities to enhance collaboration towards improved environmental health and sustainability in child care settings in Canada. Participants in the roundtable were invited to provide input into a draft white paper - *Opportunities for Public Health-Child Care Sectoral Collaboration to Advance Children’s Environmental Health Equity in Child Care Settings*, that presents an equity-focused look at child care program use in Canada and outlines various potential pathways to advance children’s environmental health equity through cross-sectoral collaboration.

The project team provided a brief summary of the draft white paper, including:

- An overview of child care program types and usage in Canada, including patterns among socio-economically disadvantaged and marginalized populations
- The updated [CPCHE Child Care Checklist and Resource Hub](#) - designed to help child care professionals identify practical steps to reduce children’s exposures to toxic chemicals and pollutants
- Opportunities and potential pathways for the public health sector to advance children’s environmental health protection and health equity in child care settings:
 1. Incorporate Healthy and Sustainable Child Care Messages within Routine/Mandated Public Health Inspections & Investigations
 2. Leverage Existing Communication Channels
 3. Leverage Mutually-Supportive Mandates and Goals across Public Health Programs
 4. Participate in Intersectoral Committees at the Community Level
 5. Engage Municipalities who have Oversight for Child Care
 6. Engage Provincial Ministries with Mandates related to Child Care and Healthy Environments
 7. Academic Learning and Professional Development
- Opportunities and potential pathways within the child care sector to promote knowledge and uptake of environmental health and sustainability improvements in child care programs
 1. Education & Professional Development
 2. Sharing Information and Practical Measures via Existing Networks
 3. Expanding and Facilitating Access to Needed Supports
 4. Cross-sectoral Promotion of CPCHE Resource Hub and National Vision
- Conceptualizing a pilot to explore strategic public health-child care sectoral collaboration

The project team sought the views and guidance of child care and public health professionals on potential strategies to advance environmental health and sustainability in child care settings, using several of the pathways

outlined in the white paper to catalyze discussion. Participants also provided input on the potential for a public health-child care pilot project. This meeting summary outlines some key takeaways from each of those discussions. The list of roundtable participants is included as Annex 1; the roundtable agenda is in Annex 2.

For the roundtable discussion on opportunities within the public health sector, two of the pathways outlined in the white paper were selected - Pathway 1 and Pathway 3.

Summary of Roundtable Discussion on Pathway 1: Incorporate Healthy & Sustainable Child Care Messages within Routine/Mandated Public Health Inspections

This conversation explored the feasibility and pros/cons of integrating the CPCHE Resource Hub into routine or mandated public health visits for child care facilities, and what might be needed to put this into motion.

Participants identified opportunities and challenges in incorporating the CPCHE Child Care Checklist and Resource Hub, both as part of inspections/visits to existing child care settings, and in reviewing applications for proposed child care programs.

Different perspectives were shared that reflected participants' geographic location (e.g., British Columbia, Ontario) and role (public health inspectors, environmental health officers, child care licensing officers) in addressing healthy and sustainable environments in child care settings.

With respect to integrating the CPCHE Resource Hub into routine/mandated inspections, some participants were aware of the resource and felt there was value in using the Checklist, while others were unfamiliar with the resource and interested in reviewing it to be confident that it aligned with public health messaging before considering incorporating it within their routine inspections.

Comments reflected potential opportunities and challenges:

- Opportunity to use the resource to assess potential healthy environment challenges the child care setting might face, and support the child care provider/operator in identifying measures to reduce children's exposure to toxic substances and improve environmental sustainability.
- Opportunity to discuss items that inspectors/officers flag as posing a potential risk to children's environmental health, with other teams within their organization or with partner organizations, e.g., connecting with the healthy environments team on ways to mitigate exposure to traffic pollution.
- Resources such as the Checklist have more weight when framed as standards of practice or guidelines, but are more difficult to implement when there are no legislated requirements e.g. with respect to climate change or other environmental challenges.
- Challenges arise when action is identified that could improve environmental sustainability and health in these settings, e.g., retrofits to improve energy efficiency and indoor environmental quality, but there is no money or funding source to pay for this upgrade.
- Opportunity for "teachable moments" was presented as an example of how the public health inspector could use the Checklist messaging to change a practice observed during an inspection, that would not involve any cost. Example - safe application of disinfection products.
- Current capacity challenges with public health workforce: need training for public health inspectors/officers in identifying and assessing issues related to environmental exposures and risks within the child care setting. Current and mandated public health role in child care settings (in Ontario) focuses on infection, prevention and control (IPAC) and food safety; thus, their expertise and training are focused in these areas.
- Public health agencies (in Ontario) are not currently mandated to inspect home-based child care and are not well connected with this sector. Public health often only becomes aware of a home-based setting if there is a complaint or an issue arises.

- Recent discussions with the (Ontario) Ministry of Health suggest there could be a mandate under the food premises regulation to inspect some home-based settings. This may be an avenue to establish criteria for public health involvement beyond what is currently mandated, and an opportunity to share more information with the child care providers on healthy environments and sustainability.

Specific to using the Checklist and considering the environmental sustainability/healthy environments lens when reviewing applications for proposed child care programs, participants shared a few challenges and opportunities:

Reviewing site plans:

- While some public health jurisdictions review applications for proposed child care settings, and consider outdoor sources of air pollution when providing recommendations, they recognized that providing direction to increase separation/distances between the child care setting and high traffic corridors was not feasible, when at the same time trying to create compact communities close to all amenities.
- Others pointed to the need for more child care centres in areas serving marginalized populations which may also be areas with greater exposure to outdoor air pollution.
- Participants indicated that guidelines would be helpful, but there would need to be flexibility so that child care settings are in locations where the need is greatest.
- Some public health jurisdictions said they do not review site plans for child care centres, nor do they have the capacity.
- Others commented that the earlier that public health is able to provide suggestions with the design of the site, the easier to intervene for healthy environments.
- Not having the legislative backing remains a challenge.

Reviewing floor plans:

- Current public health examines child care centre floor plans/design to ensure compliance with IPAC standards and food premises regulations. Public health may have more opportunity to intervene with respect to healthy environments & sustainability when it comes to reviewing floor plans as opposed to site plans.

Key Take-Aways from Discussion on Pathway 1

Opportunities:

- Public Health can use the CPCHE Resource Hub material to support the child care professional to advance healthy environments within their program, and for “teachable moments” about safe practices.
- Public Health could discuss potential areas of concern with other teams within their organization or with partners who have expertise in different areas, e.g., environmental health specialists, as an opportunity for cross-learning.
- Different avenues may be arising that enable public health agencies to proactively inspect home-based child care, e.g., authority under the Food Premises Regulation, which could increase opportunities to ensure healthy environments in these settings.

Challenges:

- **Public Health mandate:** Currently public health (in Ontario) is not mandated to inspect home-based child care and could not take this on without additional public health funding and direction from the provincial government.
- **Financial resources for the child care sector:** There is often limited financial resources for child care operators to make upgrades to mitigate environmental exposures, e.g. building retrofits, and limited access to funding programs.
- **Legislation and/or standards of practice:** Public health inspectors/environmental health officers and child care licensing officers can refer to standards of practice and guidelines when conducting inspections or assessments of child care centres, but they have more weight when there are legislated requirements.

- **Workforce training:** Public health officials (in Ontario) conducting inspections of child care centres would require additional training on aspects beyond current mandate including the CPCHE Resource Hub.

Summary of Roundtable Discussion on Public Health Pathway 3: Leverage Mutually-Supportive Mandates and Goals across Public Health Programs

This conversation explored ways of leveraging existing public health mandates and commitments to health equity to catalyze coordinated action across public health program areas, with a focus on supporting environmental health protection measures in child care settings.

Participants shared examples of how they collaborate across teams within public health and discussed opportunities to collaborate with other agencies in reaching the home-based child care sector and others outside the centre-based child care sector.

Much of the conversation focused on the challenges and opportunities in providing more support for the home-based sector in advancing healthy environments and health equity:

- One healthy environments and climate change program connects with the health equity and population health team and with the healthy public policy unit to share data, knowledge and expertise, and develop resources and other supports such as health protective messaging during wildfire events. These web-based resources are available to everyone. Conversations across public health teams may also involve discussions on how to best support populations who have different needs.
- Opportunity to reach out to agencies that support home providers, as well as municipal social and human service providers who coordinate the subsidized child care program.
- Home child care association comment: The association can help make connections and share resources with licensed home child care agencies. A comment was made that it may be helpful if public health could support a recommendation to the Ministry that all child care be licensed, for public health benefits including children's environmental health, healthy child development, and healthy environments.
- Public health comment: Agreement that having all home-based programs licensed would be a good idea but public health funding is an issue. The capacity for public health teams inspecting child care would go way beyond what funding is currently available to support this program.
- Several participants recommended ways to connect with unlicensed child care providers through the existing structures and supports that they access for services, places where people feel safe, and where relationships and networks are already in place. For example: community and neighbourhood hubs, strong start programs, family drop-in programs and programs for new immigrants. Participants agreed that relationships and trust are key.

Key Takeaways from Discussion on Pathway 3

- **Interdepartmental collaboration:** Opportunity to build on/leverage existing connections across different public health programs, such as environmental health and health equity, and with broader networks (e.g., child care agencies and associations, municipal social services providers), to share knowledge and expertise, and explore ways to promote equity and environmental sustainability in child care settings beyond the mandated inspections.
- **Targeted outreach for marginalized populations:** Opportunity for outreach and support for child care settings that are serving marginalized populations as a health equity strategy, through community supports that have established relationships and built trust.
- **Advocacy for licensing of all child care settings:** Suggestions were made to advocate for mandatory licensing of all child care settings regardless of setting, to establish some basic standards. Opportunities to reach out to home care providers through licensing agencies.

- **Training initiatives:** As noted in discussion on Pathway 1, targeted training for public health officials, potentially through professional development sessions or workshops, was highlighted as a key step. A comprehensive approach to training is needed that includes: health risks of environmental exposures, evidence-based health protective measures to reduce risks, and opportunities to incorporate equity-focused public health practice.
- **Advocacy for healthy learning environments :** Highlighting the importance of healthy environments in child care settings through messaging, workshops and partnerships with associations/agencies.

In summary, the discussion emphasized the need for enhanced collaboration, targeted outreach, and training initiatives to promote environmental health and sustainability in child care settings, incorporating an equity-focused lens. Leveraging existing networks such as agencies, advocating for funding, encouraging licensing and integrating checklist materials into educational programs were identified as key strategies for progress.

Opportunities in the Child Care Sector

This conversation focused on exploring opportunities, barriers, and potential benefits of enhancing actions to promote environmental health and sustainability within the child care sector, as well as ways public health-child care sector collaborations can support this.

Opportunities and Challenges:

- **Professional Development:** Highlighting the importance of professional development in introducing the CPCHE Checklist and best practices to child care providers. Discussed opportunities to utilize organizations, such as the Manitoba Child Care Association, to share resources and offer workshops for their members. Suggestions to incorporate CPCHE resources into early childhood education programs in colleges.
- **Funding and Resources:** Funding was identified as a crucial aspect of tackling challenges within their facility for child care providers. Suggestion made to utilize inspections to highlight potential areas for improvements and assist providers in accessing grants for physical improvements such as retrofits.
- **Compliance:** Highlighting the fear some providers may have around public health inspections, concerns about receiving feedback/noncompliance and the potential costs to address that. Concerns about reluctance of care providers towards additional work.
- **Knowledge Exchange:** Emphasizing the need for more dialogue and engagement between all child care settings and their relevant provincial/territorial ministries.
- **Health Promotion and Awareness:** Suggestion to utilize educational opportunities offered through and various public health teams (public health inspectors, public health nurses, health equity teams, health promoters) to promote checklists and engage the child care sector.
- **Provider Support:** Suggestions for a thoughtful introduction to the checklist/other resources, to best support providers to encourage buy-in and avoid resistance.
- **Endorsements:** Opportunity to seek endorsement for the CPCHE Checklist from organizations, such as the Canadian Public Health Association and the Canadian Institute of Public Health Inspectors.
- **Engaging Home-Based Facilities:** Opportunity to adapt the checklist for home-based child care settings and engage these providers to implement changes.

This discussion touched on some key opportunities for engagement of the child care sector, including using professional development, using inspections to engage providers, adapting resources for different child care settings and offering support to child care providers. There were challenges highlighted to fear of noncompliance and funding, but solutions related to adapting the checklist, holding educational workshops. Overall, there was enthusiasm for more dialogue, educational initiatives, and partnerships to enhance child care environments.

Pilot Project Discussion

This conversation touched upon responses to and considerations of initiating a pilot project, potentially related to integrating the CPCHE Resource Hub and Checklist into public health inspections for child care facilities.

Key thoughts from discussion on a pilot project:

- **Support and guidance:** Participants noted that a pilot that offers support and guidance would help administrators take steps towards implementing best practices.
- **Knowledge exchange:** Knowledge exchange and dialogue between different child care settings and the public health sector was highlighted as a valuable component of a pilot project.
- **Cross-provincial learning:** Encouraging cross-provincial learning and collaboration to avoid a region-centric approach.
- **Awareness and promotion:** Promoting the checklist and resource hub through workshops, presentations, and educational opportunities.

This discussion highlighted the perceived benefits of a pilot project, emphasizing the importance of support, knowledge exchange and dialogue for successful development of a pilot project idea.

Annex 1 – Roundtable Participants

Laura Chow, Senior Planner, Health Protection, Vancouver Coastal Health
Brenda Ferguson, Today's Family
Ewilla Castellan-Wong, Manager, York Region Public Health
Cathy Egan, Professor, Bachelor of Environmental Public Health Program, Conestoga College
Catharina Christiaanse, Child Care Licensing Officer, Vancouver Coastal Health
Teresa Sankey, Child Care Licensing Officer, Vancouver Coastal Health
David Tucci, Manager, Toronto Public Health
Erin Reinsborough, Halton Region Health Department
Georgia Lavalle, Saskatchewan Early Childhood Association
Geri Blinick, CPCHE
Liz Haydu, Supervisor, Peel Region Public Health
Joanna Madill, Simcoe-Muskoka District Health Unit
Donna Poon, Supervisor, York Region Public Health
Sammie Hwang, Environmental Health Officer, Vancouver Coastal Health
Shane Bonthron, Toronto Public Health
Toni Moran, Senior Public Health Inspector, Durham Region Public Health
Tracy Cosser, Manitoba Child Care Association
Valerie Collins, Family and Child Care, Newfoundland and Labrador
Wendy Pons, Professor, Bachelor of Environmental Public Health Program, Conestoga College
Jocelyn Pearson, Public Health Inspector, Thunder Bay District Health Unit (TBDHU)
Allyson Veneziano, Public Health Inspector, TBDHU
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Suzanne Schlechte, CCCF
Robin McMillan, CCCF
Gabrielle McMullan, Research Consultant

Annex 1 – Roundtable Agenda



Roundtable Discussion on Child Care - Public Health Collaboration for Healthy and Sustainable Child Care Environments in Canada

March 7, 2024, 1:30 – 3:00 pm Eastern

Agenda

Roundtable objectives:

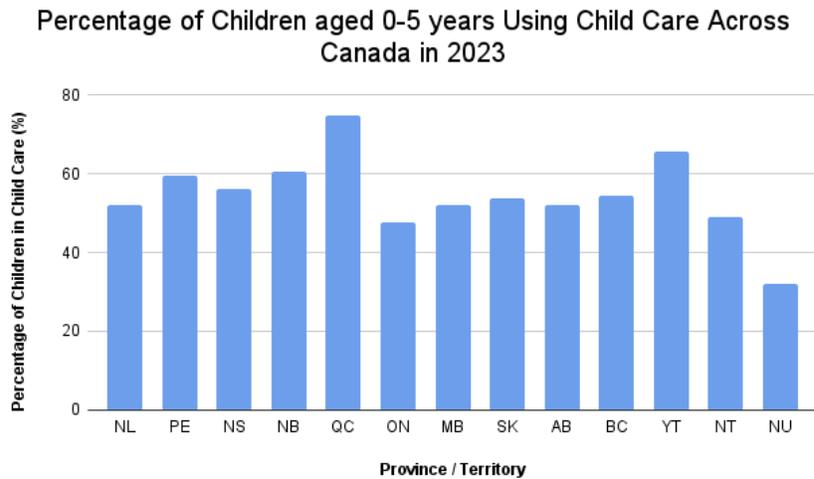
- Explore and foster increased collaboration between public health and child care sectors to promote environmental health and sustainability in child care settings
- Solicit feedback on a draft white paper that presents an equity-focused look at child care program use in Canada and outlines related strategies to advance children’s environmental health equity through cross-sectoral collaboration
- Brainstorm elements of a potential public health – child care pilot project to further explore these issues

Time	Agenda Item
1:30 pm	Welcome, land acknowledgement, roundtable introductions
1:40 pm	<p>Why this Roundtable? – Erica Phipps, CPCHE</p> <ul style="list-style-type: none"> ▪ Towards a Vision for Healthy and Sustainable Child Care Environments in Canada ▪ Opportunities for Public Health – Child Care collaboration: The CPCHE/CCCCF Child Care Checklist and Resource Hub ▪ Review/discussion of roundtable objectives
1:50 pm	<p>Draft White Paper on Opportunities to Advance Children’s Environmental Health Equity through Strategic Public Health - Child Care Sectoral Collaboration</p> <ul style="list-style-type: none"> ▪ Overview of white paper – Gabrielle McMullan, CPCHE/CCCCF research consultant; Helen Doyle, OPHA; Marni Flaherty, CCCC ▪ Roundtable discussion - All
2:35 pm	<p>Designing a public health - child care pilot project to promote environmental health equity and sustainability in child care – All</p> <ul style="list-style-type: none"> ▪ Collaborative brainstorming on possible elements of a regional pilot project, with a focus on outreach and support to home-based child care ▪ Roundtable discussion
2:50 pm	Wrap-up and next steps
3:00 pm	Close

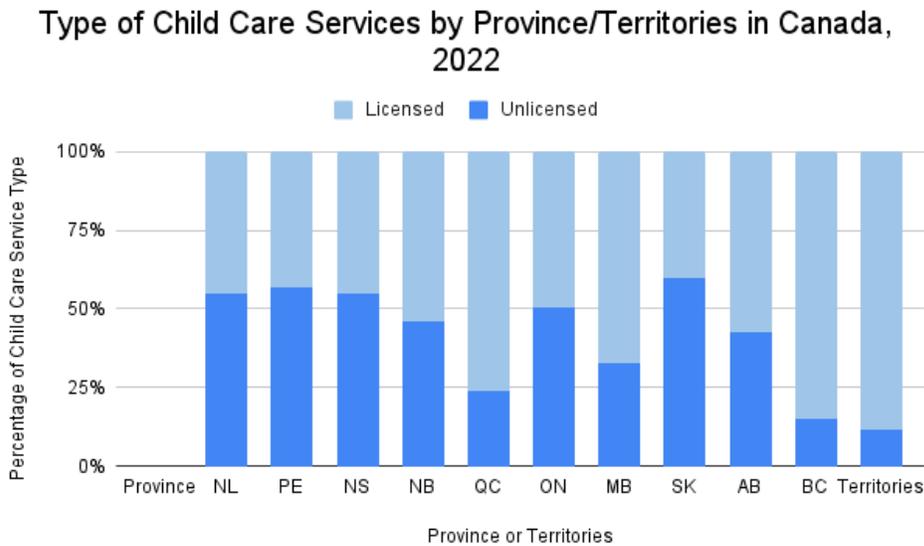


Annex 3: Additional information on child care usage

A) Figure 1: Percentage of children using child care (all types) by province and territory, 2023 (Statistics Canada, 2023a)

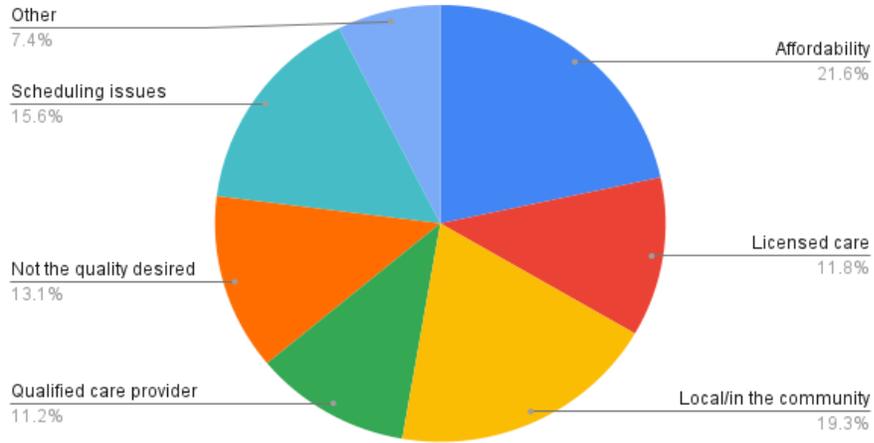


B) Figure 2: Type of Child Care Services by Province/Territories in Canada, 2022, looking at proportion of licensed versus unlicensed care (Statistics Canada, 2022a)



C) Figure 3: Pie Chart of Difficulties Low Income Families Faced While Finding Child Care (Findlay et al., 2021)

Difficulties Low Income Families Faced While Finding Child Care



Annex 4 – Examples of public health guides for the child care sector

Below are excerpts from a few Public Health Guides for Child Care Providers developed by various Public Health Units in Ontario, highlighting messages related to healthy and sustainable child care environments including tips to reduce exposure to toxic chemicals. Many of these messages are also included in the CPCHE Child Care Checklist and Resource Hub.

York Region – A Public Health Guide for Child Care Providers

<https://www.york.ca/support/childrens-services/public-health-guide-child-care-providers>

Chapter 4 – Safe Environments – Topics include:

- Indoor Air Quality
- Hazardous Substances
- A Smoke-Free Environment
- Protection from Air Pollution
- Extreme Temperatures
- Sun Safety
- Recreational Water
- West Nile Virus and Lyme Disease
- Addressing and Adapting to Climate Change
- Emergency Preparedness
- Car and Booster Seat Safety
- Pedestrian Safety
- Cycling and Helmet Safety
- Concussions

Tips to reduce and control children’s exposure to indoor air pollutants:

- Clean carpets with a good quality vacuum
- Use a damp mop to clean floors
- Use **non-toxic cleaning products** more often
- Ensure that rooms are well ventilated
- **Reduce the amount of dust** by minimizing clutter and storing toys in closed containers
- Ensure that outdoor shoes are not worn inside

Tips about other common hazardous substances:

- **Read the label** on any chemical products and follow the instructions for handling, storage and use
- **Do not mix chemical products** such as bleach and ammonia as this can create toxic fumes
- Ensure the cap of any chemical product is on tightly after each use
- Keep chemical products in their original containers
- Keep chemical products in a locked cupboard or in a location inaccessible to children
- Consider teaching children, of appropriate age, about the warning symbols found on chemical containers and to avoid such hazardous chemicals
- **Notify parents/legal guardians if a hazardous chemical will be used** in the centre

For arts and crafts activities **use paints labelled “safe for children’s use”**. Do not let children use copper enamel, powdered clay and paint, ceramic glaze and solder for stained glass (may contain cadmium or lead). Check Health Canada’s Information for Art Class Teachers: Chemical Safety at hc-sc.gc.ca

- Treat items containing mercury such as broken thermometers and compact fluorescent light bulbs (CFLs) as hazardous waste.
- For more information about poison control and safety, visit ontariopoisoncentre.ca

Tips to stay safe and keep cool:

- Check the local weather forecast at weather.gc.ca for the temperature, humidex, heat warnings, the Air Quality Health Index and Ultraviolet (UV) index
- Stay indoors in cool, well-ventilated areas
- Keep children hydrated; they should drink plenty of water before they feel thirsty
- Reduce outdoor activities or reschedule them until a time when it is cooler
- Reduce children's activity in areas with direct sun exposure and rest often in shady areas
- Promote the use of lightweight, lightcoloured, loose fitting clothing, wide brimmed hats, sunglasses with both UVA and UVB protection and sunscreen with an appropriate Sun Protection Factor (SPF)
- Ensure outdoor play areas have **sufficient shade. Consider planting trees or using built shade structures**

How to prevent mosquito and tick bites

- Cover up and wear light-coloured long-sleeved shirts and pants
- Child care providers are advised to **obtain written permission from parents/legal guardians before applying insect repellents on children**
- Consider using an insect repellent when outdoors containing **no more than 10% DEET**. Do not use on children under six months of age
- Follow instructions on insect repellent labels carefully

Addressing and Adapting to Climate Change

- Climate change poses risks to the health of children and families in various ways because it can affect air quality, heat exposure, transmission of disease by vectors and water and food safety.
- Climate change may have health impacts on everyone, especially vulnerable populations and children. **Adaptation measures can be taken at the child care setting.** These could include developing emergency plans, such as extreme heat response or flood preparedness plans or taking action to reduce climate change impacts by **incorporating natural and built shade** at the child care setting to reduce the health impacts of extreme heat.
- We can take **measures to mitigate climate change by reducing the emissions of greenhouse gases**. This includes conserving energy and reducing vehicle emissions.

Durham Region Public Health – Wee Care manual

<https://www.durham.ca/en/health-and-wellness/resources/Documents/OperatingaChildCareCentre/WeeCareFallWinter2023.pdf>

The Wee Care manual, which is not publicly available on the website, is an educational resource provided by the Health Department to all licensed child care centres. The manual has information about:

- Infection control and outbreak management
- Immunization
- Infectious diseases
- **Safe environment**
- Healthy lifestyle
- Related fact sheets

Sudbury – An Ounce of Prevention

https://www.phsd.ca/wp-content/uploads/2018/10/An_Ounce_of_Prevention_EN_2018.pdf

The stated aim of this manual is to promote the health and well-being of children and help reduce the spread of infections in schools and daycares. Part 7: Injury & Hazard Prevention, includes guidance on air quality,

childproofing the indoors, toy dangers, insect repellents, outdoor play areas, plant safety, water (quality and temperature), weather safety (cold & heat).

Examples of statements and guidance:

- **Children are more susceptible to the effects of poor air quality** because they breathe in more oxygen relative to their body weight than adults. Also, since children are growing and developing, the potential for damage to their respiratory systems is greater.
- **Painting, renovations and repair. Schedule these activities for times when children are not present.** Test all older painted surfaces for lead before sanding.
- School supplies and purchasing choices. **Purchase least toxic supplies. Install new products such as carpeting and furniture when children are not present**, and provide ventilation for 48 to 72 hours after installation. Choose low emission products.
- Sanitizing and cleaning products. Decide what products you will use for cleaning and sanitizing. Keep products in their original containers. Keep all chemicals out of the reach of children.
- Ozone can be harmful to children, so **Health Canada does not recommend the use of air cleaners that intentionally generate ozone.**
- Certain toys can be hazardous to young children. To avoid the dangers of hazardous toys, please take the following precautions: **Ensure that toys and art materials are non-toxic and age-appropriate.**
- Health Canada has developed a booklet series titled *Is Your Child Safe?* for parents and caregivers. It is available on their website <http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/index-eng.php>
- **Health Canada recommends the following if you are considering using an insect repellent containing DEET on the children:** ... Use caution when using repellents containing DEET on children, it can cause toxic effects. .. **As with chemical exposure in general, pregnant women should take care to avoid exposures to repellents when possible.**
- Where appropriate, **consider using non-chemical ways to deter biting insects**, such as protective clothing, window and door screens, and wearable netting.
- All playgrounds and outdoor play areas must be certified for use according to the **Child Care and Early Years Act**. The *Ministry of Community and Social Services* ensures that this occurs.
- There are several other poisonous plants that could harm a child if ingested. For a more specific list, refer to the following website: http://www.ontariopoisoncentre.ca/pdf/50742-OPC_PlantSafetyENG.pdf
- Hot water at children's hand wash sinks and other sinks accessible to children should be at the recommended temperature of at least 41oC (105oF) and should never exceed 49oC (120oF).

City of Toronto Infection Prevention & Control Measures for Child Care Centres

<https://www.toronto.ca/community-people/community-partners/early-learning-child-care-partners/infection-prevention-control-for-child-care-centre-operators/infection-prevention-control-measures-for-child-care-centres/>

Arts & Crafts

- When choosing materials for arts & crafts, **child care centres must use materials that are safe for children.**
- Read product labels and warnings.
- Choose age-appropriate, non-toxic, non-allergenic, and non-edible arts & crafts materials.
- To help ensure arts & crafts materials are safe for children, refer to Health Canada's Information for Art Class Teachers on Chemical Safety <https://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/industry-professionals/art-class-teachers.html#a2>
- Materials used for arts & crafts must be stored out of reach of children when not being used.

Sand Play

- Use only sand that is pre-packaged, sealed, and labelled as play sand. Sand must not be brought in from outdoors. Purchased sand must be silica-free, as the presence of silica can cause respiratory problems.

Annex 5 – Examples of ECE course offerings of relevance to environmental health

Algonquin College (Ottawa)

Health and Wellness for Children: *Creating environments where children can safely explore and learn is an essential aspect of the ECE profession. Students are introduced to the social determinants of health and examine legislation regarding health, nutrition and safety requirements in early learning settings.*

Grant McEwen (Edmonton)

Healthy Environments for Early Learning and Care: *In this introductory course, students explore the components of quality early childhood settings. Attention is paid to relevant legislation, regulation, standards and appropriate practices in environments for young children. Selected types of programs for early learning and care are examined. The role of the early childhood educator in creating healthy safe environments for children and their families is discussed. Students reflect on the personal attributes of the early childhood professional.*

Langara College (Vancouver)

Health, Nutrition and Safety: *This course provides the student with the basic principles and practices of health safety and nutrition related to the care of children from birth to six years in early childhood settings. Topics to be covered include: common childhood illnesses and communicable diseases, preventative health measures, safety and supervision practices, nutritional needs of young children, and meal planning. Community resources available to support the health needs of young children will be explored.*

College of the North Atlantic (St. John's)

Health & Safety: *This course will address the attitudes and knowledge early childhood educators must have in order to support the health and safety needs of children and themselves. Students will develop a working knowledge of policies and practices that adhere to provincial legislation and standards with regards to the health and well-being of children, and the establishment of positive habits and attitudes toward health and safety. Students will recognize symptoms of ill health and determine appropriate care for a sick child in a group setting. Students will recognize safety hazards and plan to minimize risk. Students will explore the issue of child maltreatment and recognize their responsibilities as early childhood educators with regards to recognition and reporting.*

Conestoga College (Kitchener)

Child Development: A Holistic Approach: *Through examining developmental theory, this course expands on the study of child development from infancy through school-age. Students will deepen their understanding of development along the continuum, self-regulation, and stress responses. They will consider diversity, equity, and inclusion and challenge socially constructed views of development, behaviour and ability. Through classroom discussion, students will analyze developmental characteristics of children and articulate the ways in which these characteristics interconnect and contribute to a child's holistic development. They will apply these considerations to their approach to planning for an inclusive curriculum for individuals and groups of children.*

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