

Ontario's Early Childhood Development and Early Learning and Child Care: Investments and Outcomes

2004/2005 ANNUAL REPORT



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Message from the Minister of Children and Youth Services

This annual report is part of our commitment to publicly report on the initiatives and investments that we make each year under the Early Childhood Development and the Multilateral Framework on Early Learning and Child Care (ELCC) agreements with the federal government.

The investments in early childhood development, early learning and child care that stem from these agreements are highlighted in this report and are part of a much broader commitment we are making to children and families through our Best Start plan.

In 2005, we began implementing Best Start, an ambitious plan to help children arrive ready to achieve success on their first day at school in Grade 1. We made significant progress implementing our plan in 2004-05. We:

- Created 4,000 new subsidized child care spaces across the province
- Announced demonstration sites for a comprehensive Best Start plan in Timiskaming, Lambton and Kent, and Hamilton
- Repaired child care facilities and improved learning resources and equipment at child care centres
- Eliminated restrictions on access to child care fee subsidies for parents with RRSPs and RESPs, making more families eligible for subsidies
- Strengthened infant hearing and preschool speech and language programs to identify, treat and support children with communications disorders
- Screened consenting mothers and newborns and provided home visits for mothers of newborns with developmental or other risk factors.

Ontario's Best Start plan to provide 25,000 new day-care spaces and increase subsidies for thousands of families was based on an early learning agreement with the federal government.

Regrettably, the new federal government has terminated this agreement, taking away \$1.4 billion intended for child care spaces and fee subsidies for working families.

On behalf of the thousands of families who told us that they depend on high quality, licensed child care – and on the municipalities that are relying on our continued support – we will continue to urge the federal government to reconsider and honour the ELCC agreement.

Sincerely,



Mary Anne Chambers
The Honourable Minister of Children and Youth Services



Introduction

The Government of Ontario created the Ministry of Children and Youth Services (CYS) to place greater priority on children, youth and families than in the past. It envisions a province where all children and youth have the opportunity to succeed and reach their full potential – an Ontario where our children can experience the best possible start in life, starting with high quality child care to help them arrive at school ready to learn, and parents who can balance the demands of work and family.

The Best Start Plan will convert that vision into reality.

Best Start

Announced in 2004, Best Start is a comprehensive, evidence-based system of programs and services that will seamlessly support families with children from birth through their transition into Grade 1. The goal of Best Start is to increase the quality, affordability and accessibility of the current system for young children and their families so that our children can learn, grow, and succeed in school, in the workforce and society. A long-term strategy that will be implemented over ten or more years, it will become a powerful foundation upon which this province will support success for our future generations.

Among its components:

- An expansion of child care, predominantly in Ontario's publicly-funded schools
- More child care subsidies, which will allow more families to access quality, affordable child care spaces
- Best Start neighbourhood hubs that provide one-stop services for families in communities across Ontario
- Universal screening and support for newborns by public health nurses as well as ongoing services for early identification of needs and vital developmental supports for newborns
- A comprehensive 18-month well baby check-up.

Best Start has already begun to reshape and integrate Ontario's existing system of services, programs and resources. It is supporting crucial relationships between and among children and their families, caregivers and the community, while at the same time helping children receive specialized services and supports as needed. In addition, CYS is administering the Early Development Instrument (EDI) to Senior Kindergarten children – a province-wide readiness-to-learn instrument – to establish a provincial baseline for children's school readiness and inform the local planning process for Best Start.

Federal-Provincial Territorial Agreements

Ontario's commitment to children far exceeds the federal funding provided for early child development and early learning and child care programs. To help children reach their full potential, the budget of the Ministry of Children and Youth Services for 2004/2005, the timeframe covered by this report, was in excess of \$2.8 billion.

Early Childhood Development (ECD)

In September 2000, Ontario's Minister of Children and Youth Services joined Canada's other First Ministers in signing the First Ministers' Communiqué on Early Childhood Development (ECD). The ECD was the federal, provincial and territorial governments' long-term commitment to help young children reach their full potential and to help families and communities support their children. It committed the federal government to transferring incremental and predictable annual funding to the provinces. It committed the provinces to allocating this funding to children from their prenatal period up to six years of age. It thereby improved and expanded Canada's early childhood development programs and services for young children and their families. Ontario received \$194 million in 2004/2005 to support this initiative.

In addition, as a result of the First Ministers' Meeting Communiqué on Early Childhood Development in May 2002, Ontario, along with all other provinces and territories, agreed to begin reporting every two years on 11 child-related outcome indicators of health and development. Ontario collects data yearly for some of the 11 indicators, and biennially for others. This Ontario Child Outcomes information will help determine whether the new ECD programs are making a difference.

This report accounts for Ontario's expenditure of \$194 million during the 2004/2005 fiscal year in Early Childhood Development (ECD) funding. It also reports on Ontario Child Outcomes for data collected during 2002/2003.

Multilateral Framework on Early Learning and Child Care (ELCC)

In March 2003, federal, provincial and territorial ministers responsible for social services agreed to the Multilateral Framework on Early Learning and Child Care – an investment in regulated early learning and child care programs for children under age six. The federal government committed \$1.05 billion to provinces and territories over five years¹ for this initiative, beginning in 2003/2004. Ontario's annualized share of this funding grew to \$58.2 million in 2004/2005, and will amount to annualized funding of approximately \$137.3 million by 2007/2008.

This report accounts for Ontario's expenditure of the \$58.2 million in federal funding allocated to Ontario by the Multilateral Framework on ELCC for the 2004/2005 fiscal year. It also provides an update on quality, availability and affordability indicators.

¹ The federal government also committed to invest an additional \$45 million for Aboriginal ELCC programs over four years, beginning in 2004/2005. These funds will go directly into programs on reserves, not as a transfer payment to the provinces/territories.

Ontario-Canada Bilateral Funding Agreement on Early Learning and Child Care

The Ontario-Canada Bilateral Funding Agreement on Early Learning and Child Care is an outcome of the Government of Canada's February 2005 budget commitment to invest \$5 billion over five years in enhancing and expanding early learning and child care in collaboration with provinces and territories².

On May 6, 2005, Ontario signed an Agreement-in-Principal on ELCC with the federal government. Four months later, on November 25, 2005, Ontario signed the five-year, \$1.9 billion Agreement. Funding for the period ending March 31, 2006, has already flowed to Ontario. Like the other Agreements, Ontario's participation was based on a common vision and shared principles for high quality and accessible child care, including a commitment to public reporting and accountability. Ontario is using this new federal investment to support the implementation of Best Start – an ambitious long-term strategy that will take at least ten years to implement fully and will require Ontario to proceed in phases.

Federal Government Cancellation of ELCC Agreement

The Government of Canada has cancelled the 2005 Early Learning and Child Care Agreement, negotiated and signed by Ontario in good faith. The federal government has decided that a one-time final payment of \$254 million with respect to 2006/2007 will be made to Ontario.

Ontario will begin reporting on its expenditures under the Ontario-Canada Bilateral Funding Agreement on Early Learning and Child Care with the federal government in its 2005/2006 ECD/ELCC annual report.

National Immunization Strategy

In the March 2004 federal budget, the Government of Canada announced that as part of a National Immunization Strategy, it would invest \$300 million over a three-year period (2004/2005 to 2006/2007) in new vaccines across Canada. While not associated with the ECD or ELCC federal funding, the National Immunization Strategy has positively affected the health and wellbeing of children in Ontario. This is reflected in the Ontario Child Outcomes section of this report.

Ontario received approximately 38 percent of National Immunization Strategy funding, based on its per capita allocation. In May 2004, Ontario announced its "Plan for Change" – its commitment to providing new vaccines for pneumococcal disease, chicken pox and meningococcal disease – free of charge to Ontario children. Ontario will invest \$156 million over three years (2004/2005 to 2006/2007) to add these three new vaccines to those Ontario children already receive. By April 2007, over two million Ontario children will have received these new vaccinations.

² The federal government will set aside \$100 million over four years out of this \$5 billion for early learning and child care programs for First Nations on reserve.

Ontario's Early Childhood Development (ECD)

Since 2001, the Ministry of Children and Youth Services, along with the Ministry of Health and Long-Term Care and the Ministry of Community and Social Services has invested its share of federal ECD funding in a number of initiatives. These initiatives complement or expand upon existing programs and services. They include universal programs available to all children as well as programs and services that support the healthy development of children with special needs. Ontario is currently focusing its efforts, and directing its \$194 million in federal ECD funding, on four key action areas, based on Ontario's Best Start strategy and the federal-provincial ECD framework:

- **Promoting healthy pregnancy, birth and infancy**
initiatives help families and children get the best start in life
- **Improving parenting supports**
initiatives provide families with the support and information they need to become the best parents possible
- **Strengthening ECD, learning and care**
initiatives help children develop the competencies and coping skills they need to reach their full potential
- **Strengthening community supports**
initiatives provide evidence and research to inform policy and program decisions about children and youth.

2004/2005 ECD programs and services in each action area

Promoting healthy pregnancy, birth and infancy

Pregnant women who take care of their health are more likely to experience healthy pregnancies and give birth safely to healthy babies.

These programs help parents, caregivers and infants access the help they require. They thereby increase the number of healthy births in Ontario and lower the province's infant mortality rate.



Aboriginal Fetal Alcohol Spectrum Disorder (FASD) and Aboriginal Child Nutrition (ACN) programs

The FASD and ACN programs are delivered through 19 Aboriginal organizations and support Aboriginal children and their families in 145 Aboriginal communities located on and off reserves.

FASD programs

The FASD program draws upon the strength of traditional Aboriginal teachings about pregnancy, birth and parenting. It provides health promotion, FASD prevention education, family support services and advocacy, prenatal and new mother support groups and information about fetal alcohol syndrome and its effects at schools, child care and social service agencies.

2004/2005 activities:

- Provided FASD screening, assessment, monitoring, counselling, treatment and crisis intervention
- Enhanced service coordination, linkages, networking and FASD staff training
- Provided outreach through community meetings and home visits
- Increased awareness of supports and services in communities through activities such as displays at community events, fairs, shopping centres and schools
- Promoted FASD Day on September 9, 2004 to increase community awareness and participation.

ACN programs

The ACN program provides interactive nutrition, healthy lifestyle education and counselling on food and menu preparation. It also provides healthy breakfasts and lunches for children through schools and daycares, as well as workshops and support groups to promote positive parenting practices.

2004/2005 activities:

- Continued to support parents and families and increase awareness of the important role of good nutrition in healthy child development
- Conducted family nutrition risk assessments through screening, assessment and monitoring services
- Provided prenatal and well-baby nutrition education, interactive cooking classes and workshops
- Provided preschool screening and follow-up assessment on children's health and nutrition.



Healthy Babies Healthy Children (HBHC)

The Healthy Babies Healthy Children (HBHC) program, delivered by the province's 36 public Health Units, is available to all pregnant women and families with newborns in Ontario.

ECD funding is allocated to universal prenatal and newborn screening to identify risk factors; early identification and screening of children aged six weeks to six years for risks to healthy child development; and outreach to primary care providers. Services include:

- Families receive a phone call within 48 hours of hospital discharge offering a home visit by a public health nurse
- Intensive home visiting services and service co-ordination by a public health nurse and trained lay home visitor
- Referrals to community programs such as breastfeeding, nutrition, prenatal and infant health services
- Information on healthy child development
- Widespread distribution of developmental screens to day care centres, schools, Ontario Early Years Centres and physicians' offices.

2004/2005 activities:

- Completed approximately 20,874 prenatal screens on pregnant women
- Screened 123,777 families with children up to age six
- Continued prenatal care and care for families with children aged six weeks to six years
- Funded the Ontario College of Family Physicians to continue collaboratively developing a Continuing Medical Education (CME) program. This funding supported CME in training sessions in healthy child development for family physicians, public health nurses and other professionals who work with children in communities.

Infant development

This family-centred program is for children up to age six who have or are at risk of developmental disabilities and their parents or caregivers. It provides assistance with motor development, communications skills and social interaction. In 2004/2005, it served 12,997 children through 49 programs across Ontario.

Ontario's Maternal, Newborn and Early Child Development Resource Centre

This Centre supports health promotion initiatives that enhance the health of mothers, babies and young children. It trains, counsels, educates and brings together health care providers and community professionals from across the province, including staff and volunteers at Public Health Units, non-governmental organizations, Community Health Centres, Ontario Early Years Centres, hospitals and First Nations. The ECD funding allowed the Centre to expand its services in early child development. Program priorities under the ECD initiative include fetal alcohol spectrum disorder, violence against women prevention, poverty and reproductive health.

2004/2005 activities:

- Provided customized, timely and responsive consultations and advice in French and English
- Organized and hosted a provincial conference on FASD for 400 participants, plus an annual conference for 275 participants
- Hosted four regional forums on post-partum disorders
- Researched and developed a Pre-Conception Health Campaign and an awareness campaign on alcohol use during pregnancy
- Developed five new brochures on topics such as breastfeeding and feeding pre-schoolers, plus a guide to help program managers support staff working with pregnant women who live in poverty
- Delivered seven workshops, including ones on working with parents from diverse communities, supporting pregnant women who live in poverty, and reducing the impact of Fetal Alcohol Exposure

Prenatal and postnatal nurse practitioner services, support for at-risk pregnant women

These initiatives, led by Public Health Units, provide health services for young children and women at risk of poor prenatal and postnatal care. A number of factors could place these children and women at risk. The women may be highly transient, live in geographically isolated areas, or reside in regions with relatively few family physicians or obstetricians/gynaecologists.

2004/2005 activities:

- Provided services to over 2,400 clients from across the province
- Supported direct treatment for pregnant women and women with young children
- Implemented a comprehensive evaluation of prenatal and postnatal nurse practitioner services; an interim report found that client satisfaction is high, and that these services are helping significant numbers of pregnant women and their young children who might not otherwise have access
- Implemented specialized substance abuse treatment services for pregnant women
- Served homeless and pregnant/parenting young women
- Evaluated program delivery to determine how best to deliver services.

Pregnant Women with Addictions

The Pregnant Women with Addictions initiative provides specialized substance abuse treatment services for pregnant women at risk of poor prenatal and postnatal care. A number of factors could account for why these women are at risk. They could be highly transient, or live in geographically isolated areas or reside in regions with relatively few family physicians or obstetricians/ gynaecologists.

In 2004/2005, this initiative served 1,304 women from across the province who were enrolled in ECD addiction programs and pregnant and/or mothers of children from newborn to age six.

Prenatal Human Immunodeficiency Virus (HIV) testing

Approximately ten percent of pregnant women in Ontario do not currently receive HIV testing. This program for pregnant women, women contemplating pregnancy and prenatal care providers increases awareness of the importance of HIV testing in pregnancy as a part of routine prenatal care, and also promotes early HIV intervention for mothers and infants. It supports public awareness campaigns, as well as program evaluation and research into strategies to reach pregnant women who do not currently receive HIV testing.

2004/2005 activities:

- Distributed promotional materials designed for health care providers and the public to increase awareness of and promote early HIV diagnosis in pregnant women and infants
- Increased provincial prenatal HIV testing rates from 87 percent in 2003/2004 to more than 90 percent in 2004/2005.

Improving parenting and family supports

These programs support parents and children so they can help build strong families and vibrant communities. Workshops and programs for parents and caregivers improve our children's physical health and emotional well being, while strengthening their language, social and cognitive skills.



Child and Youth Mental Health

This program provides services and supports to children, youth and their families designed to alleviate a range of social, emotional, behavioural, and/or psychiatric problems. Mental health services are available to children and youth up to the age of 18 years. Specific services to enhance early identification, intervention and treatment for children up to the age of six years are delivered through 64 community-based transfer payment agencies. Activities focus on:

- Early identification and assessment
- Preventing family breakdown
- Improving parents' coping skills with respect to the child's presenting problem(s)
- Strengthening community capacity to respond to mental health needs of children and youth
- Crisis intervention and monitoring
- Parent education and support groups
- Treatment services, including play therapy, individual, group and family counselling
- Linking parents/caregivers to other community services
- Referral for specialized assessments
- Case management and service coordination
- Public education to reduce stigma and increase awareness
- Training for service providers.

In 2004/2005, ECD funding supported Children's Mental Health services for 6,218 people, compared to 5,693 in 2003/2004.

Community Health Centres (CHCs)

In 2004/2005, there were two active programs for pregnant women and young children.

Prenatal, postnatal and infant care programs for pregnant women and children up to age three and their parents provide improved access to prenatal and postnatal care, early identification of at-risk children, referrals to other service providers, increased supports for breast feeding, and improved assessments for nutrition and child development milestones. In 2004/2005, 34 CHCs operated 245 of these programs in 110 different sites, serving approximately 2,300 pregnant women, 6,850 children, 6,800 parents, 5,650 families and 1,900 others.

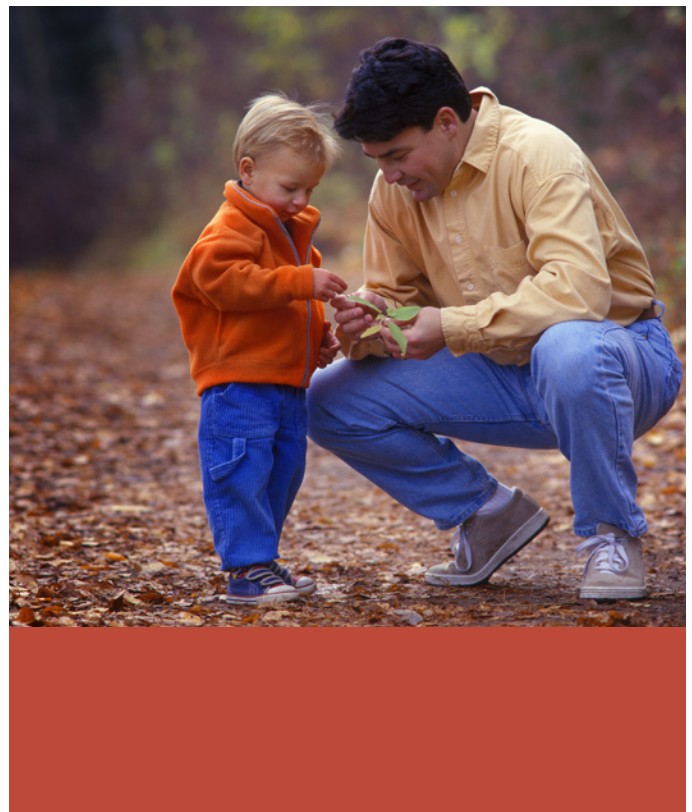
Integrating services and building community capacity programs are designed for pregnant women, parents and children aged two to six, caregivers, service providers and relevant community members who participate in early years activities – especially at-risk and disadvantaged populations such as homeless women, new immigrants, low income families and people living in rural, northern and inner-city areas. They identify early health risks, increase supports to parents, improve access to early child development resources, strengthen neighbourhood services and increase community capacity. In 2004/2005, 28 CHCs operated 248 separate programs in 161 different sites, serving approximately 6,900 children, 6,400 parents, 3,200 families, and 1,700 others.

Early Years Challenge Fund

This fund provides matching grants to businesses, volunteer, charitable and other groups for initiatives that meet local community needs. It supports programs and services that foster cognitive, physical and emotional development in children up to age six, and also educates parents and caregivers.

2004/2005 individual project funding ranged from \$2,000 to \$715,000. Activities included 271 contracts for projects including:

- School readiness programs for children
- Play-based learning
- Projects that reduced barriers for families with special needs in remote rural communities
- Training workshops for fathers
- Mobile services for early years services.



Learning Earning and Parenting (LEAP)

LEAP is part of the Ontario Works program, which provides financial and job-hunting assistance for parents aged 16 to 21 on social assistance who need temporary assistance to complete their education, improve their parenting skills and search for employment. Participation in LEAP is a requirement for 16- and 17-year-old parents and voluntary for 18- to 21-year-old parents who have not completed high school. It offers these young parents literacy screening and training, community participation to build skills and gain on-the-job experience, basic education and training, job skills training and employment placement services.

2004/2005 activities:

- Approximately 6,500 young parents participated
- Strengthened community partnerships to develop more integrated services at the local level for families and children. For example, LEAP participants and Ontario Works delivery agents built stronger ties with Ontario Early Years Centres and Public Health Units and developed other improvements and refinements
- Continued providing counselling, school clothing, and transportation costs to help young parents go to school and do homework
- Continued developing and distributing marketing material that supports the program and voluntary participation as well as initiatives to help parents continue their education.

Child protection

This program funds Children's Aid Societies (CAS), which protect children at risk of abuse or neglect.

Among its services, CAS:

- Provide counselling and support to children who are in need of protection and their families
- Investigate allegations or evidence that a child may be in need of protection
- Provide residential services for children unable to remain in family homes
- Place children up for adoption if their birth families cannot provide them with protection, so that they can grow up in a permanent, stable, and loving family
- Provide child protection services across the province to children, youth and families who are or who have experienced abuse or neglect. These services are designed to reduce the risk of abuse and neglect and promote better safety, permanence and well-being outcomes for children
- Reduce the risk of abuse and maltreatment by providing services to help families develop and strengthen their capacity to parent. Where this is not possible, children come into the care of a Society. CAS work closely with community partners to provide services based on local need.
- Use tools such as Looking After Children to assess the development of children in their care and enhance their progress towards important development goals.

Strengthening early childhood development, learning and care

Research has shown that loving care, positive attention, new experiences and healthy habits such as good nutrition and adequate sleep are crucially important in the first years of a child's life. These programs help children get a good start at healthy development by encouraging stimulation through play and interaction, and by preparing children for school.

Early literacy initiative

This program strengthens supports and promotes effective literacy and language development in children under age six and their families.

It engages early literacy specialists to provide early literacy training to early years professionals, and provides early literacy kits to communities at community-based early years programs such as the Healthy Babies Healthy Children program, Ontario Early Years Centres, child care centres, libraries and parent-child drop-in programs.

2004/2005 activities:

- Provided early literacy services to more than 50,000 community participants and over 10,000 workshops/seminars to early years professionals
- Continued distributing newborn literacy kits to encourage parents to read to their children, through the Healthy Babies Healthy Children program, Ontario Early Years Centres and Early Literacy Specialists
- Continued distributing the Ontario Early Years Book Collection to all Ontario Early Years Centres and communities across Ontario. Its 56 titles represent Ontario's diverse population and include multi-language books, books for children under age six and resource books for parents and staff.



Speech and hearing

The **Infant Hearing Program (IHP)** has the goal of identifying every baby born in Ontario hospitals for deafness or hearing loss before he or she is discharged, and then providing those services necessary to support language development and readiness to learn. Ontario has added an infant hearing public awareness and education strategy, which supports the implementation of the IHP, provides brochures and video resources translated into 13 different languages, and also develops informational websites. These resources help the IHP ensure universal access and comprehensive timely service for all babies. In 2004/2005, the program screened 96 percent of all babies born in Ontario.

The **Preschool Speech and Language (PSL)** provides targeted and universal services that identify children with or at risk of acquiring speech and language disorders, as early as possible, so they can be ready to learn when they reach school. Children, along with their families and caregivers, receive the services required to enable them to develop communication skills to the maximum of their ability. PSL provides the following services:

- Early identification of children with speech and language disorders and delays
- Simplified access through one toll-free number and direct parent referral
- Assessment of children for speech and language disorders
- A range of age- and disorder-appropriate interventions, including:
 - Parent and caregiver training
 - Caregiver consultation (in early learning and care/child care settings)

- Direct individual or group treatment with a speech language pathologist or speech language assistant
- Home programming
- Monitoring/parent consultation
- Transition to school planning
- Public awareness/education.

In 2004/2005, 18,961 children were assessed, 46,905 children received active services and 74,769 children from birth to Senior Kindergarten received services and were either on the active caseload or had been discharged.

Promoting Healthy Pregnancy and Child Development and Injury and Family Abuse Prevention

These two comprehensive health promotion programs led by Public Health Units focus on providing services that promote healthy pregnancy, child development and child and family safety. Working with local providers, they develop and implement collaborative initiatives that address identified local needs related to healthy pregnancy, child growth and development, parenting capacity, and prevention of infant and childhood injuries and family abuse.

2004/2005 activities:

- Educated the public and worked with other community and health care professionals to provide parents and children with consistent information and care on healthy pregnancy, parenting, child development, child safety and prevention of family abuse
- Evaluated program delivery to determine how best to deliver services.

Ontario Early Years Centres (OEYCs)

Child development and early years professionals and volunteers at each Ontario Early Years Centre (OEYC) welcome children up to age six, their parents, other family members including grandparents and siblings, caregivers, child care centres and home care providers.

Staff promotes children's readiness to learn and healthy child development through formal and informal drop-in programs and services that enhance cognitive, language, physical, social and emotional child development. OEYCs offer programs in literacy, numeracy, health and nutrition as well as parenting workshops/seminars and linkages to a wide range of other early years services.

2004/2005 activities:

- Participated in a service implementation review which found that the OEYC program is enabling more and more children to access environments and services that promote healthy child development. Parents and caregivers reported a wide variety of personal benefits from their involvement in programs and services, including improved maternal and child health and well being, improved social networks and improved knowledge and parenting practice
- Enjoyed nearly two million visits by children and more than 1.5 million visits by parents and caregivers.

Services for children with autism - Autism Intervention Program

The Autism Intervention Program provides Intensive Behavioural Intervention (IBI) and associated services, such as child and family supports and transition services for children with autism. The program is intended for children with a diagnosis of autism or an autism spectrum disorder toward the severe end of the autism spectrum. It is provided by nine regional service providers across the province.

2004/2005 activities:

- 1,276 children were assessed for IBI in 2004/2005
- 675 children were receiving IBI at the end of 2004/2005
- 442 children started IBI in 2004/2005
- 298 children ended IBI in 2004/2005.

Sexual assault treatment for children

The program provides children up to age 16 – and specially targets children under age six – who have been sexually assaulted or abused, with emergency medical and psycho-social treatment as well as follow-up care by specially trained nurses.

ECD funding assisted in expanding this program to incorporate services for children in all program sites. In addition, it helped increase educational opportunities for staff, strengthen the collaboration between sexual assault programs, domestic violence treatment centres and community partners, and increase community awareness.

2004/2005 activities:

- Treated or helped approximately 600 children who came in through the emergency service
- Treated or helped approximately 320 children who came in through the non-emergency service
- Provided individual counselling to 900 children
- Provided group counselling to 372 children
- Designated a provincial paediatric coordinator through the Suspected Child Abuse and Neglect (SCAN) program at the Hospital for Sick Children, and identified six lead regional programs to develop, as a group, regional protocols that can ensure children are seen in their local communities.

Services for children with special needs

These are a range of services to help families and children meet the complex needs associated with one or more of the following: chronic and severe illness, degenerative and/or terminal illness, intellectual and developmental disabilities, autism spectrum disorder and acquired brain injury.

2004/2005 activities:

- Children's Treatment Centres served approximately 35,000 to 40,000 children up to age 19 (average age of children served was 4.5 years)
- Provided respite services for primary care givers and families, including enhanced respite services to over 1,900 children and out-of-home respite services to 3,570 children
- Provided residential care
- Provided in-home support to help with activities of daily living, including bathing and toileting
- Provided 24-hour supervision and care for tube feeding, bed turning and other such requirements
- Provided Special Services at Home (SSAH) services to over 13,500 children.

Strengthening community supports

Communities need coordinated services for families, and families need easy access to available services. The goal of these programs is to deliver the best services possible for children and families in Ontario through a seamless and integrated system. These programs build bridges between and among sectors to help make health, education and care of our children our first priority.



Child outcome measurements

Outcomes are measurements of a child's readiness to learn as he or she prepares to enter grade school. This program provides statistical information about certain outcomes for children up to age six to agency executive directors and program personnel, provincial and municipal health and social service policy planners.

2004/2005 activities:

- Funded the Offord Centre for Child Studies at McMaster University for the ongoing development and analysis of the Early Development Instrument (EDI). The EDI provides information about a child's readiness to learn in five general domains (physical health and well-being, social knowledge and competence, emotional health/maturity, language and cognitive development, general knowledge and communication skills). Boards of Education, municipalities, Public Health Units and the province can use the results for local and provincial planning for children under age six and their families.
- Supported Boards of Education in using the EDI with more than 42,000 children.
- Supported the training of field staff in the analysis and use of data on child development in the planning of services.

Program effectiveness measurement/ ECD monitoring and evaluation strategy

This program supports agency executive directors and program personnel, provincial and municipal health and social service policy planners in planning for the future. It collects and analyzes data that allows them to track progress in improved programs for young children. Data analysis coordinators funded by the program support the implementation of child outcome measures such as the EDI, the Early Years Community Services Inventory and community efforts in reporting on child outcomes.

2004/2005 activities:

- Funded data analysis coordinators across Ontario
- Provided support to the Ontario Early Years Centre review
- Funded the Early Years Monitoring/Evaluation Strategy, which developed a joint evaluation framework for ECD initiatives
- Developed assessments for 25 ECD initiatives, and supported evaluation planning.

ECD expenditures by action area for 2004/2005

Table 1: ECD expenditures by action area for 2004/2005

<p>Promoting Healthy Pregnancy, Birth and Infancy</p> <ul style="list-style-type: none"> • Aboriginal Fetal Alcohol Spectrum Disorder and Aboriginal Child Nutrition • Healthy Babies Healthy Children • Infant Development • Ontario's Maternal, Newborn and Early Child Development Resource Centre • Prenatal and Postnatal Nurse Practitioner Services, Support for At-Risk Pregnant Women • Pregnant Women with Addictions • Prenatal Human Immunodeficiency Virus (HIV) Testing 	<p>\$25.8 million</p>
<p>Improving Parenting and Family Supports</p> <ul style="list-style-type: none"> • Child and Youth Mental Health • Community Health Centres • Early Years Challenge Fund • Learning, Earning and Parenting (LEAP) • Child Protection 	<p>\$56.2 million</p>
<p>Strengthening Early Childhood Development, Learning and Care</p> <ul style="list-style-type: none"> • Early Literacy Initiative • Speech and Hearing • Promoting Health Pregnancy and Child Development, Injury and Family Abuse Prevention • Ontario Early Years Centres • Services for children with autism: Autism Intervention Program • Sexual assault treatment for children • Services for children with special needs 	<p>\$107.3 million</p>
<p>Strengthening Community Supports</p> <ul style="list-style-type: none"> • Child outcome measurement • Program effectiveness measurement/ECD Monitoring and Evaluation Strategy 	<p>\$4.7 million</p>
<p>Total</p>	<p>\$194 million</p>

Report on Ontario Child Outcomes

Ontario, along with every other province and territory, is measuring, monitoring and reporting on Ontario’s Child Outcomes to Canadians every two years. The resultant Child Outcome Indicators on how our young children are doing on 11 common key indicators in two areas – Physical Health and Early Development – will become a key internationally recognized measure for assessing and evaluating our progress in improving the lives of our children.

The province has issued two earlier reports on Ontario Child Outcomes³. The first report assessed data from the first year of new ECD programming, 1998/1999. The second report assessed data from 2000/2001, and was included in Ontario’s ECD and ELCC 2002/2003 annual report.

Table 2: The 11 ECD indicators for measuring a child’s well-being

Physical Health
<ol style="list-style-type: none"> 1. Healthy birth weight 2. Incidence of meningococcal group C disease 3. Incidence of measles 4. Incidence of Haemophilus Influenzae–b (HIB) 5. Infant mortality rate
Motor and Social Development, and Emotional Health
<ol style="list-style-type: none"> 6. Motor and social development 7. Emotional problem–Anxiety 8. Hyperactivity – Inattention 9. Physical Aggression – Conduct Problem
Social Knowledge and Competence
<ol style="list-style-type: none"> 10. Personal – Social Behaviour
Cognitive Learning and Language Communication
<ol style="list-style-type: none"> 11. Language

³ The two earlier reports on Ontario Child Outcomes are on the Ministry of Children and Youth Services website at <http://www.children.gov.on.ca/CS/en/programs/BestStart/default.htm>

Physical health

Sources of data

The findings are based on the most recent data available⁴, as itemized in Table 3 below.

Indicator(s)/Measure(s)	Data source	Availability
Healthy birth weight	Vital Statistics 2002: covers all cases in Ontario's population	Available for provinces/territories.
<ul style="list-style-type: none"> Incidence of Invasive Meningococcal Group C Disease Incidence of measles Incidence of Haemophilus Influenzae-b (HIB) 	Immunization measures came from health sector 2002 information provided by Health Canada and the Ontario Ministry of Health and Long-Term Care.	These are interim measures, available for 11 to 14 jurisdictions.
Infant Mortality Rate	Vital Statistics 2002, which covers all cases in Ontario's population	Available for provinces/territories.

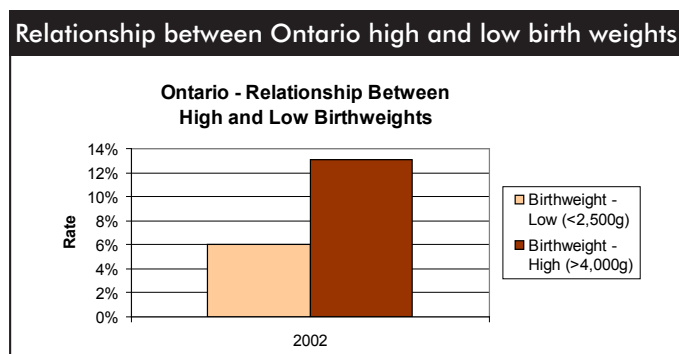
Findings

Healthy birth weight

Infants are more likely to die in the first year of life if they weigh less than 2,500 grams (5.51 pounds) at birth. Even when low birth rate infants survive, they are more likely to have health problems throughout their lives.

Low birth weight is often a sign of poorer health in mothers. Women who do not smoke or use alcohol during pregnancy and receive regular prenatal care are more likely to have healthy, full-weight babies.

High birth weight – over 4,000 grams (8.8 pounds) – is also a negative indicator, often associated with increased risk of diabetes.



For 2002, the most recent year for which this data is available, Ontario's 6 percent rate of low-weight births was better than that of most other developed countries, possibly because multiple births and pre-term births contributed to a higher low-birth-weight percentage. Improvements in medical technology enabled more of these small babies to survive. The low birth weight rate increased over the two year period in Ontario and also in Canada as a whole. At the same time, the high birth weight rate decreased in Ontario. Overall, Ontario's rate of healthy births actually increased, from 80.3 percent to 80.9 percent.

Incidence of Invasive Meningococcal Group C Disease (IMD), measles and Haemophilus Influenzae–b (HIB)

There is no comprehensive, Canada-wide system for capturing information on immunization coverage rates. IMD, measles and HIB, which were selected for analysis, are all preventable through immunization and now rare. There were only seven meningitis cases in Canada in 2002, for instance. Because of their low frequency and the periodic nature of outbreaks such as measles, the rates can vary substantially among provinces and between years.

Invasive meningococcal group C Disease (IMD), commonly referred to as meningitis, is a rare but serious bacterial disease spread by direct contact. Roughly ten percent of people who contract IMD will die, and those who survive may suffer serious after-effects. Its incidence is highest among children under the age of one and those between the ages of 15 and 19. The rate for Ontario has remained constant over time, and as of 2003 was 0.1 per 100,000 people.

Measles, a highly communicable viral disease, is more severe in infants than adults. Complications can include middle ear infection, croup, and encephalitis. Since 1980, the Ontario rate has dropped drastically from 94.37 to 0.6 per 100,000 people. Periodic outbreaks can lead to significant fluctuations. Ontario's rate in 2003 was 0.6.

Invasive Haemophilus Influenza-b (HIB) was formerly the most common cause of meningitis and a leading cause of other serious invasive infections in children. Ontario now provides HIB vaccine as part of its immunization program for children. Children receive the vaccine in four doses before they are two years of age, in combination with diphtheria, pertussis, tetanus and polio vaccines. The Ontario rate per 100,000 people was 0.4 in 2003 – a significant drop from 1992's rate of more than 6 per 100,000 people.

Infant mortality rate

The number of children who survive the first year of life reflects a country's health, parental health and lifestyles as well as other societal factors such as living conditions, a healthy environment and health care available during pregnancy. Ontario's infant mortality rate was 5.3 per 1,000 live births in 2002.

⁴ Longer-term trend data for these Child Health Indicators is on the Ministry of Health and Long-Term Care website at www.health.gov.on.ca/english/public/pub/ministry_reports/pirc_04/pirc_04.html in its Ontario's Health System Performance Report, 14 Common Indicator Areas of Health and Health System Performance of September 30, 2004.

Early Development

Sources of data

The provinces and territories agreed to base early development indicators on data made available to them by the federal government from the National Longitudinal Survey of Children and Youth (NLSCY), which surveys a sampling of children and youth every two years. The sample is representative on a provincial basis, but not for smaller areas. NLSCY assesses children for vocabulary development measures and bases other data on information from parents. It bases its calculations on population weighting. Statistics Canada derives population figures for non-census years from post-census estimates, and then recalculates the figures it used in prior reports once revised population data is available. As a result, figures in this annual report may differ from figures in prior annual reports or documents.

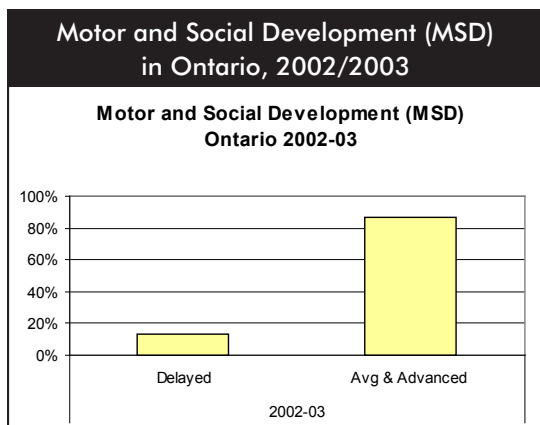
This report focuses on the healthy or average proportion of each early development indicator for children, rather than the smaller proportion of children who have a problem. It bases the Ontario data on the approximately 4,000 Ontario children under the age of six who participated in the NLSCY, Cycle 5, 2002/2003, as indicated in the table below. The sample did not include children living on reserves.

Table 4: Sources of data

Indicator(s)/measure(s)	Data source for prior report	Data source for this report	Availability
Motor and social development	NLSCY, Cycle 4 (2000/2001)	NLSCY, Cycle 5 (2002/2003)	Available for provinces; availability for territories to be determined.
Emotional problem/anxiety Hyperactivity/inattention Physical aggression/ conduct problem	NLSCY, Cycle 4 (2000/2001)	NLSCY, Cycle 5 (2002/2003)	Available for provinces, not territories.
Personal/social behaviour	NLSCY, Cycle 4 (2000/2001)	NLSCY, Cycle 5 (2002/2003)	Available for provinces, not territories.
Language	NLSCY, Cycle 4 (2000/2001)	NLSCY, Cycle 5 (2002/2003)	Available for provinces, not territories.

Findings

Motor and social development: Results for the motor and social development of children from birth to three years of age are based on 15 questions to their parents.



Motor development refers to children’s ability to perform tasks requiring physical coordination such as walking, climbing stairs, running, holding a pencil, etc. Social development refers to the way children interact with others.

In Ontario, 86.4 per cent of children demonstrated average and advanced motor and social development; only 13.6 per cent showed delayed motor and social development.

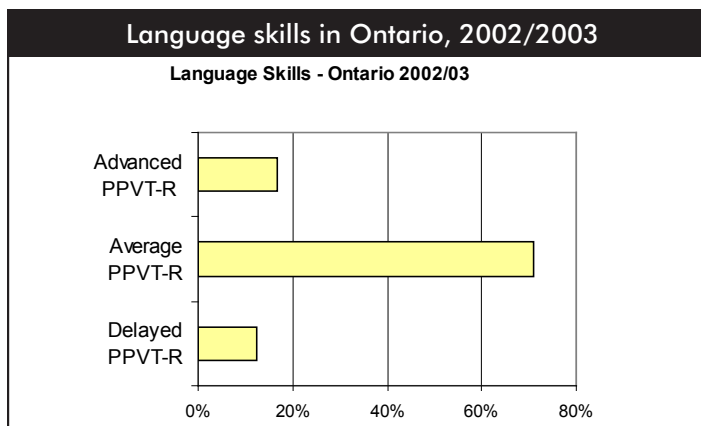
Emotional maturity: The NLSCY measured emotional maturity in children two to five years of age, and reported the results in two areas – emotional and/or anxiety problems, and hyperactivity and/or inattention. Categories such as “normal” and “average” do not reflect professional diagnoses.

- **Emotional problems/anxiety:** It is harder for tense or highly anxious children to learn effectively. The NLSCY uses two scales to assess the extent to which children exhibit behaviours indicative of emotional or anxiety problems. There is one scale for children aged two to 11 years that ranges in value from zero to 14 and another for children aged two to five years that represents the proportions of children who exhibit high levels of emotional problems/anxiety and those who do not. In Ontario, 83.5 per cent of the children did not display high emotional problems.
- **Hyperactivity/inattention:** Hyperactivity and lack of attention can also seriously disrupt children’s learning process. There are two scales to measure hyperactivity/inattention – one for children aged two to three years that ranges in value from zero to 12, and another for children four to five years that ranges from zero to 16. Both scales include items intended to capture aspects of hyperactive/inattentive behaviour, with high scores indicating behaviours associated with hyperactivity/inattention. Researchers created one measure from both scales to represent the proportion of children aged two to five years who exhibit high levels of hyperactivity/inattention and those who do not. Hyperactivity and inattention were not identified as problems in 95.4 per cent of Ontario children sampled.

Social knowledge and competence: Social knowledge and competence refers to the way children behave in a social context and are able to communicate feelings and wants. It is comprised of:

- Physical aggression/conduct problems: This measure is based on a scale that focuses on physical aggression, oppositional behaviour, and/or conduct disorder. It distinguishes children who show high levels of these problems from those who do not. Physical aggression and conduct problems were not issues for 87 per cent of Ontario children sampled.
- Personal-social behaviour: This measure, which replaces the “Pro-social behaviour” scale, uses a scale that focuses on the proportion of children aged zero to three years who display age-appropriate personal-social behaviour, based on their parents’ answers to several questions. In Ontario, 83.5 per cent of children showed age-appropriate personal-social behaviour.

Language skills: The NLSCY uses the Peabody Picture and Vocabulary Test (PPVT-R) to measure receptive or hearing vocabulary in either English or French.



A trained interviewer administers the PPVT-R directly to children aged four to five years. Compared to the rest of Canada, 70.8 per cent of Ontario children scored in the average range and 6.9 per cent scored in the advanced range.

Summary

For most of the 11 indicators, Ontario's children appear to be doing as well as or better than Canadian children in general. Differences that were identified appear minimal. Future Ontario Child Outcome results should help determine whether any trends require attention. Ontario's Best Start plan, which will build on existing programs and on knowledge of best practices, should also help improve in outcome indicators over time.

Table 5: Results for the 11 agreed-upon indicators in Ontario

Ontario's Child Related Indicators		Percentage of Ontario children
Physical Health	Healthy birth weight	
	Low (<2,500g)	6.0%
	High (>4,000g)	13.1%
	Healthy (>2,501g and <3,999g)	80.9%
	Pre-term rate	7.3%
	Incidence of measles	0.0%
	Incidence of Haemophilus Influenzae-b (HIB)	0.4%
	Incidence of Meningococcal Group C disease	0.2%
	Infant mortality rate	5.3%
Early Development (Higher percentages are better)	Motor and Social Development	
	Motor and social development Advanced/Average	86.4%
	Emotional Health	
	Emotional Problem—anxiety Percentage where emotional problems were not high	83.5%
	Hyperactivity/Inattention Percentage where hyperactivity was not high	95.4%
	Physical aggression/conduct problem Percentage where aggression was not high	87.0%
	Social Knowledge and Competence	
	Personal-Social Behaviour Percentage above the cut-off	83.5%
	Cognitive Learning and Language Communication	
Language Average/Advanced Peabody Picture and Vocabulary test	87.7%	

Ontario's Early Learning and Child Care (ELCC)

Evidence and experience indicate that focussing on key areas in the development of a child can influence the long-term outcomes for that child. Participating in a pre-school program has been identified as the single most effective program intervention to support positive learning and long-term outcomes.

Background

Ontario's child care system consists of:

- **Unlicensed or informal child care** provided by relatives, friends, neighbours, or nannies.
- **Licensed child care** includes:
 - **Child care centres or day nurseries** can include nursery schools, full day care, extended day and before- and after-school programs.
 - **Private home day care agencies or home child care** provide care in one or more locations to five children or fewer who are younger than ten years of age, in private residences other than the home of the parent/guardian of the children.

Under the Day Nurseries Act, the Ministry of Children and Youth Services is responsible for issuing licences to operators of both types of licensed child care programs. The Act establishes minimum standards regarding areas such as physical space, staff qualification, child to staff ratios, health and safety, nutrition and basic programming. Ministry staff are responsible for inspecting day nurseries and home child care agencies to enforce licensing requirements.

The Ministry of Children and Youth Services supports the regulated child care system in Ontario by funding a number of child care services, as itemized below.

Fee subsidies provide financial assistance towards the cost of child care services for parents who are "persons in need" (as defined by regulation), and for parents of children with special needs.

The two types of fee subsidies are:

- **Regular fee subsidies**, available low income families, including Ontario Works participants, provide financial assistance to help cover the cost of licensed child care services, as well as services for school-age children enrolled in recreation programs.
- **Ontario Works child care funding**, available only to Ontario Works participants, provides financial assistance up to the actual cost of licensed care, or up to pre-established ceilings for informal care.

Wage subsidies enhance the salaries and benefits of staff employed in licensed centre-based child care programs, home child care agencies, resource centres and agencies that provide supports to children with special needs. They also increase payments made to home child care providers.

Special needs resourcing provides staff, equipment, supplies or services to support inclusion of children with special needs in licensed child care settings (or in recreation programs for school-aged children). Resource teachers work with parents and child care providers to assess children with special needs, and they provide support to regular caregivers in developing and carrying out daily activities.

- Children with a special need up to the age of 18 are eligible for licensed child care services, including centre-based child care and home child care.
- Children with a special need aged six to 18 are eligible for approved recreational programs that have purchase of service agreements with the child care service system managers.

Resource centres provide support services to caregivers of young children, enhance the quality of care provided in unlicensed child care settings, and provide information to parents to help them make informed choices about child care arrangements and options. Among their services: drop-in programs, community information, caregiver and parent training, child care, child care listings, play groups, lending libraries, and “warm-lines” (telephone support-lines) for children at home alone.

The Ontario Child Care Supplement for Working Families, which supersedes the 1997 Child Care Tax Credit, is a tax-based initiative administered by the Ministry of Finance. A tax-free monthly payment from the government, it benefits low-to-middle income single or two-parent families, families with one stay-at-home parent, or families with one or both parents studying or in training. For each child under age seven, qualifying two-parent families can receive a payment of up to \$91.67 monthly (\$1,100 annually), and qualifying single-parent families can receive a payment of up to \$109.17 monthly (\$1,310 annually).

Since 2000, 47 Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs) have been responsible for planning and managing the delivery of child care services at the local level as service system managers for child care. They provide 20 percent of the cost of child care services (fee subsidies, wage subsidies, special needs resourcing and resource centres) and 50 percent of child care administrative costs. They are required to operate within the framework of provincial legislation, regulation, and policy direction, and they are monitored and supported by the ministry’s regional offices.

Multilateral Framework on Early Learning and Child Care

ELCC expenditures for 2004/2005

On May 18, 2004, the Minister of Finance presented the 2004 Provincial Budget, which announced that the government would direct the \$58.2 million provided by the federal government through the 2003 Multilateral Framework on Early Learning and Child Care for 2004/2005 towards regulated child care in Ontario for children under the age of 6. The following table shows how Ontario spent that money.

Table 6: Multilateral Framework ELCC expenditures for 2004/2005	
Consolidated Municipal Service Managers (CMSMs) and District Social Service Administration Boards (DSSABs) stabilized and expanded the regulated child care system for children under age six through fee subsidies, wage subsidies, and resources for special needs.	\$20 million
Improved access for preschool aged children (aged 2 ½ to 5 years) in child care programs within the broader school community, which includes child care programs located in publicly-funded schools, near publicly-funded schools, within bus distance to publicly- funded schools, or informally linked with local publicly-funded schools in other ways.	\$18.8 million
A one-time payment to CMSMs/DSSABs to support operating minor capital improvements (including health and safety and the purchase of equipment) among licensed, non-profit child care operators serving children under age six. These funds were directed toward eligible licensed, non-profit centre-based child care programs and licensed home child care agencies, thereby strengthening and maximizing the capacity of Ontario's existing child care network, and helping lay the foundation for future expansion of Ontario's regulated child care system.	\$19.4 million
Total	\$58.2 million

ELCC outcomes

The \$58.2 million provided by the federal government in 2004/2005 directly contributed to the expansion of the child care system and increased affordability:

- It supported the creation of over 4,000 new Full Day Equivalent (FDE⁵) subsidized spaces.
- It funded 1,526 licensed programs for health and safety related repairs and maintenance, representing 69,443 licensed child care spaces and 1,956 homes through home child care agencies.

⁵ More than one child can occupy a FDE space, as most children do not attend all day, every day, all year.

Child Care System indicators

Quality indicators

The Day Nurseries Act sets out the minimum requirements for licensed child care. It uses several criteria to measure and support the quality of child care, including the ratio of adults to children, the number of children in groups, and the qualifications of staff.

Staff/child ratios and group sizes

In licensed home child care homes, providers may care for a maximum of five children at one time in addition to their own. The regulations further base the number of children a provider may care for at any one time on the children's ages and whether any have special needs. There must be no more than:

- Five children under the age of six (including the provider's children)
- Two children under two years of age
- Three children under three years of age
- Two children with special needs
- One child with special needs and one child under two years of age
- One child with special needs and two children who are over two years of age but younger than three years of age.

Table 7: Staff/child ratios and group sizes for centre-based child care

Age of children in group	Ratio of employees to children	Maximum number of children in group (At least one staff person is required per group)
Under 18 months of age	3 to 10	10
18 months of age and over up to and including 30 months of age	1 to 5	15
More than 30 months of age up to and including five years of age	1 to 8	16
Over five years of age and younger than six years of age	1 to 12	24
Six years of age and over up to and including 12 years of age	1 to 15	30

Staff qualifications

Table 8 below outlines the required qualifications for staff employed by child care centres and licensed home child care agencies.

Table 8: Staffing requirements for child care centres and licensed home child care agencies	
Child care centres	Licensed home child care agencies
<p>Operators of child care centres are required to hire at least one qualified staff person per group who:</p> <ul style="list-style-type: none"> • Holds a diploma in Early Childhood Education from an Ontario College of Applied Arts and Technology or • Holds an academic qualification that the ministry considers equivalent to the above <p>or</p> <ul style="list-style-type: none"> • Is otherwise approved by the ministry. <p>Supervisors are required to:</p> <ul style="list-style-type: none"> • Hold a diploma in Early Childhood Education from an Ontario College of Applied Arts and Technology or • Hold an academic qualification that the ministry considers equivalent to the above <p>and</p> <ul style="list-style-type: none"> • Have at least two years of experience working in a child care centre with children who are at the same ages and developmental levels as the children in the child care centre where they will be working and • Be deemed capable by the ministry of planning and directing the program of the child care centre, being in charge of children and overseeing staff. <p>All staff and volunteers who have direct contact with children must provide a criminal reference check.</p>	<p>Licensed home child care agencies are required to employ at least one home visitor for every 25 homes, to monitor and support the caregivers affiliated with them. Home visitors must:</p> <ul style="list-style-type: none"> • Have completed a postsecondary program of studies, approved by the ministry, in child development and family studies • Have at least two years of experience working with children who are at the same ages and developmental levels as the children enrolled with the licensed home child care agency where they will be working <p>or</p> <ul style="list-style-type: none"> • Be deemed by the ministry to be capable of providing support and supervision in locations where licensed home child care is being provided. <p>All staff, volunteers and licensed home child care providers, as well as all members of the household over the age of 18 who have direct contact with children must have a criminal reference check.</p>

Availability indicators

The estimated licensed capacity for Ontario is derived by adding together the capacity of child care centres and licensed home child care enrolment (not licensed home child care capacity). While a licensed home child care may theoretically care for a maximum of five children, it may in fact only be permitted to care for fewer children if any are younger than six years of age or have special needs. In other words, the system's actual capacity will likely be higher than its licensed capacity for a given year because one or more licensed home child care providers may not be permitted to care for the maximum number of children.

Table 9: Licensed capacity¹ within Ontario's regulated child care system by age group			
	2002/2003 baseline (as of March 31, 2003)	2003/2004 (as of March 31, 2004)	2004/2005 (as of March 31, 2005)
Child care centres			
Infant (<18 months)	5,723	5,988	6,331
Toddler (18-30 months)	18,091	18,900	20,012
Preschool (30 months–5 years) ²	97,798	99,554	102,710
School age (6-12 years)	61,811	62,689	64,685
<i>Total</i>	183,423	187,131	193,738
Licensed home child care			
Total	N/A ³	N/A ³	N/A ³
Total licensed capacity⁴	201,976	206,969	213,130

Table 10: Enrolment within Ontario's regulated child care system by age group			
	2002/2003 baseline (as of March 31, 2003)	2003/2004 (as of March 31, 2004)	2004/2005 (as of March 31, 2005)
Child care centres			
Infant (<18 months)	5,650	5,881	5,962
Toddler (18-30 months)	18,334	19,463	20,447
Preschool (30 months–5 years)	110,311	114,721	112,378
School age (6-12 years)	57,269	59,128	61,838
<i>Total</i>	191,564	199,193	200,625
Licensed home child care			
Total	18,553	19,838	19,392
Total enrolment⁵	210,117	219,031	220,017

Table 11: Number of child care centres and home child care agencies

	2002/2003 baseline (as of March 31, 2003)	2003/2004 (as of March 31, 2004)	2004/2005 (as of March 31, 2005)
Child care centres	3,768	3,874	3,948
Licensed home child care agencies	137 agencies (7,700 homes)	140 agencies (7,765 homes)	141 agencies (7,693 homes)
Total	3,905	4,014	4,089

Notes for Tables 9 to 11:

1. Licensed capacity means the maximum number of children allowed to be in attendance in a child care centre at one time, as set out in that particular child care centre licence.
2. The preschool category includes groups of children from 30 months to 5 years of age, as well as children in Junior Kindergarten groupings (4-year-olds) and children in Senior Kindergarten groupings (5-year-olds).
3. The ministry does not track licensed capacity in home child care because, unlike child care centres, licensed capacity can fluctuate from day to day based on the children being served. While the maximum number of children per home can be as high as five in addition to the provider's own, this maximum can be lower if any of the children are younger than age six, and if any of them have special needs.
4. The estimated licensed capacity comes from adding together the capacity of child care centres and licensed home child care enrolment (in lieu of licensed home child care capacity).
5. Enrolment is higher than licensed capacity because more than one child can use a licensed space (two or more children could, for instance, attend on a part-time basis).

Affordability indicators

More children receive fee subsidies than full-day equivalent subsidized spaces because many children who receive regular fee subsidy are also in part-time child care. More than one child may occupy a Full-Day Equivalent (FDE) space because most children do not attend all day, every day, all year.

Table 12: Number of children receiving fee subsidies in Ontario's regulated child care system

Type of subsidy	2002/2003 baseline (January 1, 2002 to December 31, 2002)	2003/2004 (January 1, 2003 to December 31, 2003)	2004/2005 (January 1, 2004 to December 31, 2004)
Regular fee subsidy (includes First Nations child care fee subsidies)	89,622	90,499	93,850
Ontario Works formal/licensed child care	17,350	14,033 ¹	15,136
Ontario Works informal/unli- censed child care	13,289	11,387	10,601
Total receiving fee subsidies	120,261	115,919¹	119,587

Table 13: Number of children receiving Full-Day Equivalent (FDE) subsidized spaces²

Type of subsidy	2002/2003 baseline (January 1, 2002 to December 31, 2002)	2003/2004 (January 1, 2003 to December 31, 2003)	2004/2005 (January 1, 2004 to December 31, 2004)
Regular fee subsidy ³ (includes First Nations child care fee subsidies)	48,412	49,893	50,108
Ontario Works formal/licensed child care (CYS did not collect data until 2003/2004)	N/A	N/A	4,441
Ontario Works informal/ unlicensed child care (CYS does not collect data)	N/A	N/A	N/A

Notes for Tables 12 and 13 above:

1. As a result of the reinstatement of Ontario Works formal child care (licensed care) data, the number of children who received fee subsidies under Ontario Works formal child care increased to 17,420, which further increased the total number of children receiving fee subsidies.
2. These figures do not include the additional 4,000 new Full-Day Equivalent subsidized spaces created as part of the Multilateral Framework on Early Learning and Child Care by March 31, 2005.
3. This figure assumes one space equals 248 days per year of full-day equivalent service (i.e., six or more hours per day), and that a space is occupied every day outside of weekends and statutory holidays.

Next steps

As indicated at the beginning of this report, Ontario will begin accounting for its expenditures under the Ontario-Canada Bilateral Funding Agreement on Early Learning and Child Care in its 2005/2006 ECD/ELCC annual report.

Ontario has achieved tremendous progress in implementing key components of the Best Start Plan. With the funding from the 2005 ELCC Agreement, Ontario municipalities will plan to create approximately 14,000 new high quality licensed child care spaces by September 2006.

Given the cancellation of the 2005 ELCC Agreement, Ontario will use the one-time payment of \$254 million to help to secure and sustain these newly created spaces undertaken to date while we continue to call on the Government of Canada to honour the five-year ELCC Agreement.

Ontario's Best Start Plan will also help to enhance the quality, affordability and accessibility of the early learning and care system. To achieve this goal, next steps under Best Start will focus on the following initiatives:

- Consideration of the recommendations from the *Best Start Expert Panel on Quality and Human Resources* concerning issues including recruitment, retention and remuneration of early childhood education practitioners
- Consideration of the recommendations from the *Best Start Expert Panel on an Early Learning Framework*, who are working to develop a learning framework for preschool children, and ultimately, a single integrated learning framework for children preschool through Kindergarten
- Consideration of the recommendations from the *Best Start Expert Panel on an 18 Month Well Baby Visit* concerning strategies for supporting a province-wide developmental assessment for children 18 months of age
- Proposed establishment of a *College of Early Childhood Educators* to set the qualifications and standards for professionals who work in early learning and child care
- Move to an income test model for determining access to child care fee subsidy so as to support more children with access to the child care system
- Review of current practices of funding child care operators across Ontario and consideration of funding options that would provide families with greater access to the regulated child care system
- Continued accelerated implementation of Best Start within the three *Demonstration Communities* in order to provide best practices and guide the province-wide implementation of Best Start.

For further information, visit www.children.gov.on.ca.