

*The Elora Group*  
Leaders in Early Learning and Care

**HOME CHILD CARE ACCREDITATION INITIATIVE  
EXECUTIVE SUMMARY**

**June, 2004**

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## Executive Summary

In 1999, a group assembled at the Elora Mill to raise and discuss issues and concerns regarding home child care in Ontario, including the employee status of home child care providers. *The Elora Partnership\* Home Child Care Training & Accreditation Initiative* was undertaken in June, 2002 to develop an effective model for training and accrediting home child care providers in Ontario. The implementation and promotion of an accreditation model is aimed at enhancing the quality of home child care available to families.

Through thorough research, including a literature review of accreditation and credentialing of home child care, interviews and focus groups with individuals from a cross section of stakeholder groups, an accreditation model was developed for Ontario. Project research also included training in the United States model of accreditation through the National Association for Family Child Care (NAFCC) and the practical application of the accreditation model. The research was enhanced by two stakeholder seminars, one with Dr. Kathy Modigliani of the NAFCC, United States, to allow for broad discussion of what accreditation was and how it actually worked in practice.

The Home Child Care Accreditation Initiative proposes a voluntary framework that promotes a standard of care based on the Ontario Day Nurseries Act. Using the Day Nurseries Act as the “floor” of quality indicators, the model is promoting standards of practice that exceed those defined in regulation.

The core features of the proposed accreditation system were identified as follows:

- ❑ Basic Caregiver Qualification
- ❑ Training
- ❑ Practical Experience
- ❑ Membership in a Support Network
- ❑ Study Process
- ❑ Observation
- ❑ Decision Making Process

Due to the availability of training in each community, no caregiver requested a learning opportunity that could not be met in her local community. Consequently, although developed, the training package for this project was not put into practice.

The formal evaluation plan included methods that would allow a number of questions to be addressed, and captured the experiences of the various individuals and groups involved in the project. These groups included providers, non-participants, parents, and agencies/resource centres that hosted the project in each of the five sites that were involved in this pilot project. All procedures were conducted in keeping with guidelines required by the University of Guelph’s Office of Research and Ethics Review Board.

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\* “The Elora Partnership” and “The Elora Group” are used interchangeably in this document.

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In the interests of time and after researching accreditation systems from other countries, the self-study and observation instruments were developed based on the NAFCC accreditation model.

A total of 51 providers completed the accreditation project. To date, 46 observations have been completed; 5 observations have been cancelled. Of these, 39 providers have been approved for accreditation, 6 providers' approval have been deferred, and one provider has passed, pending receipt of letters from parents. In all but one case, it appeared that with appropriate feedback and explanation, remedies could be put in place that would allow the provider to become accredited.

Letters requesting parent participation were sent through all providers participating in the project. Seventy-four parent volunteers returned contact information to participate in surveys. Other parent input was gleaned by conducting focus groups at five Ontario Early Years Centres in different areas of the province.

Focus groups were conducted across Ontario to include the perspectives of licensed home child care agencies. There was consistent support for a self-directed professional development model as well as for the role of the independent observer.

The outcome of the project was that participating providers were able to meet the accreditation criteria and training requirements without significant challenges. Barriers to accreditation were identified such as the time required to take and maintain training. However, the caregivers felt it would not benefit them financially through better rates from parents or through purchase of service agreements.

The training and deployment of observers has been demonstrated to be of considerable expense. Even if trained observers were deployed through local conduits such as Ontario Early Years Centres or Consolidated Service Managers we would project expenses for travel and time to be significant. Further, in a real-world model, it was apparent that many home child care providers would need the resources and support provided by the home visiting partners. This role could be met through licensed agencies or other community partners in areas where such organizations do not exist. In either case there would be an expense to maintaining a home visiting animation role in accreditation.

Further comments were made by outside experts about the strengths and weaknesses of the model. Specific suggestions were made to ensure that quality standards are worded in ways that are specific and measurable. It was also seen as important that providers be given information to help them understand the reasons for the standards, and to encourage providers to continue to be reflective and active in ways that recognize that "quality is a dynamic process that needs to be reinvented on a daily basis."

In addition, a legal opinion was developed concerning the structure and potential liabilities of an accrediting body. To be successful such a body would require financial support from the government and a public education process to introduce the concept of accreditation.

The legal opinion on this demonstration model established that it would take a significant government relations exercise with the Ministry of Children and Youth

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Services to achieve a status as a designated authority to accredit home child care providers. The structure of such a body would have to be considered carefully, and established at arm's length from service providers in order to maintain credibility. Importantly there would be statutory obligations as already established under the Day Nurseries Act and the Child and Family Services Act. It would be essential that accredited persons be operating legally, in an accreditation system. Finally system management was considered in terms of day to day expenses, staffing, technology and insurance.

The costs of managing a province wide organization, based on these parameters would clearly be in the hundreds of thousands per year. Caregivers were asked if they would pay to become accredited, considering that it could be an effective marketing tool for them. Caregivers answered they might pay if other value was added such as insurance coverage and police checks, however most saw this expense as a financial burden that would not reap them real rewards economically. Finally, it remains to be seen whether caregivers would undertake a renewal process for accreditation every three years, especially if they had to pay for it.

Accreditation in all jurisdictions is a voluntary mechanism that promotes higher standards of practice than a minimum, which is defined in regulation. It always includes outside recognition by a representative body.

While the Elora group made every effort to include both the independent and licensed sectors in this initiative, it cannot be ignored that in every jurisdiction, accreditation is a voluntary mechanism that operates in an already regulated environment. Further the legal opinions reinforce that regulation should be the foundation upon which accreditation is built, in order to manage risk in the industry.

The conditions necessary for a successful accreditation system in Ontario would be minimally, that regulation should be applied to all caregivers. The regulations regarding numbers of children would then apply to all caregivers and would eliminate the disincentive to participate in an accreditation process. In addition, changes to the DNA would be required in order to allow for a designated authority to develop and manage the accreditation system. Financial incentives would have to be in place for caregivers to become accredited. A public education campaign would have to be undertaken to ensure that parents and the public at large could differentiate licensed from informal care and see the value in choosing accredited home child care.

Finally the Ontario government would need to consider the public policy implications of encouraging the competitive, market-driven system of child care within the context of changing national and provincial child care system priorities.