

© Credit: Depositphotos | ID: 2257685

In this issue

A Message from the Manager

Changes to Child Care Licensing Regulation

Active Play

Criminal Record Check Process

Cleaning and Disinfecting Diaper Changing Area in Child Care Facilities

Training Opportunities

Websites

Recalls

INSERTS: Standard of Practice for Active Play

The Latest from Child Care Licensing

Fall/Winter 2016 Edition

Contacts:

Northeast:

Fort St. John: 250-263-6000
Dawson Creek: 250-719-6500

Northern Interior:

Prince George: 250-565-2150

Northwest:

Terrace: 250-631-4222
Smithers: 250-565-2150



northern health
the northern way of caring

A MESSAGE FROM THE MANAGER

Greetings everyone!

I am very pleased that you are reading this 2016 Fall/Winter edition of the Child Care Licensing newsletter. It contains some excellent material including more details on recent revisions to the Regulations, information about the latest changes to the Criminal Record Check process and updated recommendations regarding cleaning and disinfection.

In addition, I would like you to introduce you to the latest addition to our team, now working in the NW Health Service Delivery Area:



Meet the newest licensing officer, Reg Wulff!

Reg joined the Public Health Protection Team in the role of licensing officer in October of 2016. He works out of the Terrace Health Unit and will be providing ongoing monitoring, support and education to licensed facilities in northwest BC.

Reg holds a bachelor's degree from Thompson Rivers University and has worked in a variety of roles for Northern Health since moving to Terrace in 2002. Prior to taking on the licensing officer position, Reg worked in community and residential mental health settings and tobacco reduction. He has also been part of several health promotion campaigns with Northern Health.

Reg grew up in Revelstoke BC and is married with two sons. In his spare time he enjoys the outdoors, especially fishing hiking and biking. Reg also enjoys playing a game of hockey every now and then and watching the Canucks. Please join me in welcoming Reg to the team.

On another front, it feels like only a few months ago when I wrote my first message to you in a 2012 newsletter. In reality, that was over 4 years ago now. Much has happened in that period of time and the time has now come for yet another change.

As of the end of this year, I will be retiring from Northern Health. While my official date will be January 13, 2017, my last day in the office will be Dec. 30, 2016. I am looking forward to the opportunities for more travel and I have a couple of new hobbies in mind...perhaps a few Spanish lessons to support my Mexican vacations.

It has been a great pleasure corresponding with you through these newsletters and I have appreciated the chance to get to know some of you a bit better in person or by phone. Recruitment for a new manager is well underway and we anticipate being to make an announcement very soon. I wish you all much success as you continue to offer much needed services to our Northern communities.

Sincerely,
Valerie Waymark
Regional Manager, CCFL



CHANGES TO THE CHILD CARE LICENSING REGULATION

The following information outlines recent changes to the regulations. Please be advised that this information is not intended to be a substitute for the regulations.

Please refer to the regulations online to ensure you have the most up-to-date requirements. Visit BC Laws at www.bclaws.ca and search Community Care and Assisted Living Act, Child Care Licensing Regulation.

AMENDED SECTIONS

Section 1 - Definitions Language reflects when school is closed to students.

Section 3 - Certain programs exempt

Separation of summer camp and day camp;

(d) Kindergarten children to finish their school year before attending unlicensed summer camp.

(d.1) Allows kindergarten children to attend unlicensed day camp once their school year starts (i.e. Pro-D camp, winter break camp, Spring Break camp)

Section 4 - Use of terms prohibited

Must not use specific terms listed in Section 2 unless a license has been issued

Family Child Care, Group Child Care, Multi-Age Care, Occasional Care or Preschool

Section 11 - Posting certificates

A photocopy of an ECE certificate can be posted rather than the original or a notarized copy. A licensee must now validate and keep a record of that validation for all employees who hold ECE Certificates (ECE, ECE Assistant, I/T, SN)

Section 13 - Environment

Addition of Tobacco and Vapour Products Control Act definitions (activated e-cigarette, e-cigarette, tobacco). Addition of e-cigarettes to smoking prohibitions.

Section 16 - Play area

Changes made to outdoor space and mixing groups

(1)(a) *Change the requirement per child for outdoor play space to 6 m².*

(1)(b) *Space is needed to accommodate the largest group of children present where a facility has concurrently running programs.*

(2.1) *Allow more than one group of children, of the same type of program to share the same outdoor play space at the same time, as long as health, safety and staff to child ratio is maintained.*

Section 19 - Character and skill

Changes to requirements for staff and volunteers.

(1) *Removal of medical certificate requirement.*

(4) *Licensee to validate ECE certificates through ECE Registry and keep a record of validation.*

(5) *Flexibility for volunteers (require: CRC, references and evidence of immunization status)*

Section 55 - Notification of illness Removal of duplicate communicable disease reporting.

Section 56 - Records Licensee's required to implement all policies and procedures required in regulation.

Schedule H - Reportable Incident Redefined "emergency restraint".

ACTIVE PLAY

Active play is physical activity which includes moderate to vigorous bursts of high energy, raises children's heart rate and may make them 'huff and puff' such as running or jumping. For an infant or toddler, active play may include reaching out for a toy, rolling over, balancing in a sitting position and crawling and walking.

Active play helps to promote healthy growth and development and supports body control and movement. Active play can help build strong bones and muscles, improve balance, coordination and assists with the development of gross motor and fine motor skills. Active play also helps to promote children's confidence, improves concentration, thinking, learning skills and provides opportunities to develop social skills and make friends.

The Canadian Physical Activity Guidelines recommend that:

- Infants (less than 1 year) are physically active several times daily, particularly through interactive floor-based play.
- Toddlers and preschoolers should accumulate at least 180 minutes of physical activity spread throughout the day.
- Children (5 and older) should accumulate at least 60 minutes of physical activity daily.

Enclosed you will find a copy of the Standard of Practice for Active Play. In the next six to twelve months all licensees will be required to review the standard of practice and create a policy on active play and screen time. All licensees and employees must implement the new policies and provide a copy to parents and families.

Things about when creating your policy on active play and screen time:

- What type of program do you operate and how much active play are you required to provide?
- How will you encourage active play for infants, toddlers, preschoolers, and school age children?
- What types of un-facilitated and facilitated play, games and activities will you provide the children?
- How will you incorporate fundamental movement skills, injury prevention and physical literacy into your daily play?
- How will you encourage children to get up and move?
- How will you demonstrate appropriate modelling for active play activities and screen time?
- What types of screen time will you allow in the program? (TV, computer, electronic games)
- How will you ensure that screen time is limited to less than 30 minutes a day?
- How will you ensure that children who attend for less than 3 hours and children who under 2 years do not receive any screen time?

For additional information on physical activity and screen time refer to the link below.

<http://healthybeginningspreschoolers.ca/jurisdictions/british-columbia/>



CRIMINAL RECORD CHECK PROCESS

In the fall of 2016, the Security Programs Division is making some changes to criminal record check processes in order to improve customer service. If you are obtaining a criminal record check for employment purposes then you will see changes; however, *criminal record checks for volunteers done by the CRRP will see little to no change in their processes but may see improved turnaround times.*

Here is a brief overview of what to expect:

- New, improved forms that are clearer, easier to complete, and with updated instructions.
- A new, dedicated fax line incorporating modern scanning technology; this will reduce turnaround time for both volunteer and employment criminal record checks.
- Instead of paying up-front, applicants will only be required to pay after the consent form is reviewed for completeness and correct jurisdiction, reducing re submissions or the need to re send payment information for incomplete applications.
- New payment options including an email with a link to pay online with a credit card, or pay by printing an attached form to mail in along with certified cheque or money order.

ADVANTAGES

This new process is expected to result in more convenient and secure payment as well as significantly reduced turnaround times for faxed or emailed applications that do not result in criminal history identified:

- Applications for employees where payment is required will take approximately **two weeks** when the applicant pays online in a prompt timeframe.
- Applications that don't require payment (volunteers or account holders) will take about **one week** to process.

Please note, however, that mailed applications and applications where the applicant sends in a cheque or money order or credit card form will continue to take 4-6 weeks to process.

Applicants and organizations should continue to check this website regularly over the next few months for more details about the upcoming changes.

<http://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check>



CLEANING AND DISINFECTING DIAPER CHANGING AREA IN CHILD CARE FACILITIES


Germs can be spread easily when there are no proper cleaning and sanitizing procedures. The diaper changing area should always be cleaned and disinfected after each diaper change, regardless of whether there is a spill of urine or feces. Use the following guidelines for proper disinfection to prevent the spread of diseases:

- Wipe the surfaces with clean, warm water and soap using a disposable towel.
- Use a fresh solution with 100 ppm chlorine (1/2tsp (2ml) of unscented bleach(5% chlorine) per 1 litre of water) or quaternary ammonium solution at a strength of 200 ppm (follow the label directions)
- Wet the surface down with the bleach using a disposable towel.
- Let it air dry. Do not rinse or wipe.
- Lining used on the change table must be changed and disposed of between children and surface disinfected between changes.
- Never mix bleach and ammonia-it will cause deadly fumes.
- Never mix bleach or ammonia with soap-it lowers the effectiveness of the sanitizer.
- The bleach solution should be made within the previous 24 hours (or freshly prepare) to be most effective.

NOTE:

- If a sudden outbreak of vomiting or diarrhea occurs, it could be due to Norovirus. Norovirus is a very hearty organism which requires a stronger level of disinfectant. When cleaning vomitus or diarrhea, disinfect the area with a stronger solution of bleach and water.
- Make a 1:50 solution of bleach and water. For example, 4tsp (20ml) of bleach (5% chlorine) per 1 litre of water. Let it air dry to achieve the required contact time. Caution: this concentration can damage some surfaces.
- An alternative solution for cleaning vomitus or diarrhea: Accelerated Hydrogen Peroxide (AHP) according to the manufacturer's instructions. AHP is a highly effective, less caustic product and is available from janitorial suppliers. A minimum of five minutes contact time is required for these products.
- Use disposable gloves when cleaning up vomit and diarrhea.

ALSO:

- Keep the diapering area away from any food preparation.
 - The diaper changing area should never be used for food services or storage.
 - The diapering area should always be located near a source of warm running, liquid soap and paper towels for proper hand washing.
 - The table surface of the changing area should be constructed with smooth, non-porous material for easy cleaning. A washable pad covered with smooth material such as vinyl is acceptable too.
- 

CLEANING AND DISINFECTING TOYS IN CHILD CARE FACILITIES

Toys should be thoroughly cleaned and disinfected to help reducing the spread of germs as well. Separate dirty and clean toys in different bins is a great way to keep track of what need to be cleaned later on.

NOTE: A surface cannot be properly sanitized until it has first been thoroughly cleaned.

- Choose toys that are washable, sturdy and large enough to avoid swallowing or choking.
- Choose toys that can be cleaned and sanitized.
- Stuffed toys should be machine-washable.
- Clean toys when visibly dirty and at least once a week. If toys are used a lot, clean them daily.
- Remove toys from the play area that children have put in their mouths, or that have other body fluids on them, until they can be cleaned.
- When cleaning toys, use the opportunity to check for sharp, jagged edges or small pieces that can easily break off. If toys cannot be fixed, throw them away.

HARD TOYS:

- Use dishwasher with a sanitizer cycle. Use dishwasher detergent to clean the toys.
- Or clean toys with dish soap and water. Rinse thoroughly, then sanitize the toys with a mixture of 1/2 teaspoon (2ml) household bleach (5% chlorine) in 1 L of water. Allow for air dry.
- Make sure to use the disinfectant that is safe for children and follow the marker's instructions when using it.

STUFFED TOYS:

- Use a washer with laundry soap. Dry in a dryer on a normal setting.

For more information, contact your local Environmental Health officers.

SOURCE:

BCCDC: <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/CCFOutbreakguidelines.pdf>

Vancouver Coastal Health: <http://www.vch.ca/media/VCH-sneezes-diseases-Aug-2014.pdf>



TRAINING OPPORTUNITIES

ANAPHYLAXIS IN CHILD CARE SETTINGS

A free online course, [Anaphylaxis in Child Care Settings](#), has just launched on [allergyaware.ca](#)

Developed with Leap Learning Technologies Inc. and in collaboration with the Canadian Society of Allergy and Clinical Immunology, this medically-reviewed and bilingual resource is designed for child care staff/caregivers in both home-based and center-based child care facilities.

It takes about 30 minutes to complete and focuses on the basics of anaphylaxis, ways to reduce risks, and the recommended emergency treatment. It's highly interactive and easy to follow.

Please share the news of this course with others who work in child care settings and can benefit from learning more about food allergies and anaphylaxis.

If you have any questions, please contact us at info@foodallergy canada.ca or 1-866-785-5660.

<http://healthy Canadians.gc.ca/recall-alert-rappel-avis/hc-sc/2016/60394r-eng.php>

EARLY LEARNING FRAMEWORK

Online professional development related to the Early Learning Framework is available at:

<http://www2.gov.bc.ca/gov/content/education-training/early-learning/teach/early-learning-framework>

Websites:

The following child care websites have been updated:

CARING FOR YOUNG CHILDREN:

<http://www2.gov.bc.ca/gov/content/family-social-supports/caring-for-young-children>

SPECIFIC CHILD CARE LICENSING REGULATION AND GENERAL LICENSING PAGES:

<http://www2.gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/child-care/rules-operating-licensed-day-care>

Recalls:

TEMPERA PAINTS AND FINGER PAINTS

Product description: This recall involves 13 types of Sargent Art tempera paints and finger paints manufactured and distributed between May 2015 and June 10, 2016. All colors and sizes of the following types of Sargent Art paints are included in this recall:

- Art-Time Washable Finger Paint; Washable Finger Paint;
- Art-Time Washable Fluorescent Finger Paint; Art-Time Washable Glitter Finger Paint;
- Fluorescent Tempera Paint; Art-Time Washable Fluorescent Tempera Paint;
- Washable Tempera Paint; Washable Glitter Paint;
- Art-Time Washable Paint; Supreme Tempera Paint;
- Liquid Tempera Paint; Art-Time Tempera Paint; and
- Value Tempera Paint.

KIDDE RECALLS TALKING COMBINATION SMOKE AND CO ALARMS

Product description: This recall involves Kidde Night Hawk talking combo smoke/CO Alarm KN-COSM-IBCA and KN-COSM-ICA models with manufacture dates between June 1, 2004 and March 2011. The alarms are hard-wired into a home's electric power.

Hazard identified: The alarm can fail to continue to chirp when it reaches its seven year end of life if the batteries are replaced or, for the model without a battery backup, if power is removed and then restored to the alarm. This could lead consumers to believe it is still working, which poses a risk to consumers not being alerted to a fire or carbon monoxide incident in their home

For additional recalls visit: <http://healthy Canadians.gc.ca/recall-alert-rappel-avis/index-eng.php?cat=4>

