



The Latest from Child Care Licensing

Spring/Summer 2014 Edition

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A Message from the Regional Manager, Community Care Licensing

I hope you've all made it through another Northern winter and are looking forward to the promising warmth of summer. Before I point out some of the highlights of this 2014 Spring/Summer Newsletter, I want to draw your attention to some changes taking place.

We have recently revised both the Exemption Request package and the Temporary Placement package. These changes were made to assist you with submitting all of the required information at the outset and reduce the need for your Licensing Officer to request additional documents. We will not be putting the packages on our website at this time - instead, your Licensing Officer will send you the new package on request. Please note that the old exemption and temporary placement forms will no longer be accepted.

In this issue, you will also find the following topics:

- **The Portfolio Approach Project** will provide a summary of this recent project and highlight some of the stories of child care operators that participated.
- Given some recent outbreaks in the North and in the province, *What is Measles?* and *What is Norovirus?* Will give you information on both these illnesses and as well as tips for preventing and managing an occurrence or outbreak in your facility.
- *Supervision of Children* highlights information around supervision expectations. In addition, we've included a Supervision Fact Sheet and a Supervision Checklist for you to refer to as needed.

We hope you enjoy this latest edition of the newsletter; if you have any comments or suggestions for future articles, we would welcome your ideas.

Sincerely,
Valerie Waymark
Regional Licensing Manager

PORTFOLIO APPROACH PROJECT

The Licensing program has teamed up with licensed facility volunteers from around the region to showcase how their program has raised the profile of Schedule G.

The intent of the project was for the volunteers to provide “Evidence” or “Documentation” of how they have met the requirements of the regulation.

Volunteers provided a wide variety of samples which include pictures and written documentation of how Schedule G comes alive in their program.

The following samples are just a few ideas that we have included for the newsletter.

Thank you to the volunteers for taking the time and effort for your contribution to the project.

TERRACE

Sunflower Child Care Centre



Taking an indoor story outdoor:

“The children are playing “Pete the Cat” In the story when “Pete the Cat” step on blueberries and his shoes turn blue, children imitate to step on blue construction paper placed on the ground. When step on strawberries and his shoes turn red, children step on the red paper. For brown color children step on the ground with no grass. For white they step on the snow and for wet they step on the wet towel. After the teacher, each child took turn to read the story while the other children acted out.

PRINCE GEORGE

Multicultural Child Minding Centre



“Bear” Theme

This month our theme was “**Bears**”. These are some of the **Activities and Development** we worked on:

- **Language Development:** We learned about bears, what they like to eat, about their dens and what hibernation is.
- **Bear Journal Page:** The children worked in their journal. We asked them to make a picture about bears. We asked them to tell us about what they remembered bears like to eat and we recorded their answers after they did their drawing. After the children finished their journal page, they shared with their peers at Circle Time.

PRINCE RUPERT

Graham Avenue Child Care

I have found this planning form to be a tremendous support in planning further activities to enhance current learning theories/interests of the children. It validates that I am planning activities based on my observations-extending the learning and higher level cognitive thinking skills.

Planning Form - For Curriculum Possibilities

Resources: <http://www.earlychildhoodaustralia.org.au>

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Observation on interest:	Interpretation:	Planning and Implementing of Experiences
During outdoor play- Juice stand. Fresh made orange juice from a 'juicer' machine. (Mud on pieces of wood) selling for 3 leaves. This same activity took place over two days. See Anecdotal observation- "You need a juicer machine to make fresh juice".	This interest in oranges and juice has been ongoing throughout the winter months- Mandarin oranges and Naval oranges. Persevering to peel.	Set up an Invitation to play- fresh hand squeezed orange juice. Make fruit salad. Add fresh fruit to yogurt. "Stone Soup" with fresh fruit.
Evaluation	Reflection	Extensions
Learning outcomes: (developmental domains, curricular areas) <ul style="list-style-type: none"> Introduction to a new material- Hand Juicer. Safety demonstration/ use of tools- plastic knives, cutting board, measuring cups. Many open-ended questions. New Knowledge, you don't need electricity to make fresh orange juice! Recognition of 'hard work' Peers as a resource for information (leverage). Learned more about their own power. Critical thinking & interpretation. Tastes- sweet and sour. Recipes Teamwork containers with spouts make pouring easier! 	It was nice to re-visit an interest with oranges in a new way. We all enjoyed persevering and finding ways to peel our own oranges. The children were excited when they saw this invitation to play- set up beautifully.	Collect recipe books. Field trip to Grocery store. <ul style="list-style-type: none"> What other kinds of fruit are there? Plant our own indoor fruit garden in our small indoor water table with Plexi-glass cover- strawberries? Make uncooked fresh fruit jam. Visit to Library- books on fruit orchards.

QUESNEL

Building Character Skills and Diversity

- Feelings Happy Sad Mad
- Show pictures of children feeling different Emotions
- Happy, Sad, Mad
- Book: I'm Like you, You, You're Like Me
- A Book about understanding each other By Cindy Gainer

Character Qualities this book looks at:

- Comparing
- Acceptance
- Listening
- Understanding Self and Others
- Kindness
- Cooperation

Art Ideas:

I give children a variety of materials to create to make their own picture (These are some of our favorite activities)

- colleges
- fun foam shapes
- pom poms
- stickers
- tissue paper
- scrap booking stickers
- googly eyes
- catalog pictures
- paper for drawing
- makers and crayons
- painting
- finger painting
- toothbrush on paper
- squishy balls - cover the table w paper remove chairs and allow children to roll the balls. I find it works better if children stand for this activity as it tends to be mess
- driving cars in the paint give a squirt of liquid paint. Allow children to drive cars in the paint
- play dough
- goop with cornstarch and water. I have added glitter to this and washable paint. I have found that food coloring stains the hands



The Olympics



Designed and constructed medals



We graphed Canada's medals

The Olympics

The children in my class were sharing information about the Olympics. It was obvious that they were watching it at home. I listened to their conversations to find out what interested them. Many of the children participate in winter sports; I believe they felt some type of connection to the athletes and/or events.

When the children arrived one morning they discovered some 6 foot cardboard troughs that I had brought in. I questioned how we could use them as a bobsled run. It was quite interesting to watch the children design and redesign the tracks. My team member and I struggled with not making suggestions on how we felt they should construct their infrastructure to make it work, in our opinion, well. We were rewarded with observing the self-discovery that emerged as the children learned through trial and error. Through the active exploration the children had a great sense of pride in their successes. They tested different items in the room on the tracks- cars, marbles, and blocks. There were lots of opportunities, for the educators to expand the children's vocabulary and for them to fully utilize their language skills. Children need activities and experiences that are engaging enough for them to talk about. We "compared" the speed of different objects, we were able to talk and learn about inclines, angles, motion and speed.

One concept that became apparent to the children was the steeper the angle the faster the object raced down the tube. It became obvious to me that the children put a lot of value in 'faster'. I decided to seize this opportunity to work with one of my children to support this interest. I sat right next to him as he used tools to help build a tube that was suspended from hooks in the ceiling. The group lined up to test the new "steeper" apparatuses. Competent capable beings!



Building & using the run



PRINCE GEORGE

Field trip to Noah's Arc

Physical, Intellectual, Social Language and Emotional - learned about animals, field trip safety, compassion, feeding/care of animals

MEASLES

Since the outbreak was declared March 8, 2014, Fraser Health has worked with schools, community groups, church groups, public health nurses and medical officers to investigate the outbreak and implement control measures such as setting up dedicated immunization clinics in public health and physician offices and urging people to get vaccinated.

What is measles?

Measles, also known as red measles, is a severe illness caused by the measles virus. Measles can cause encephalitis, an inflammation of the brain, which can lead to seizures, deafness, or brain damage. One person in every 3,000 with measles may die from complications. Complications and death are most common in infants less than 12 months of age and in adults. Complications of measles can include:

- Ear infections - 1 in 10 cases
- Diarrhea - 8 in 100 cases
- Pneumonia - 1 in 10 cases
- Hospital stay - 1 to 2 in 10 cases
- Encephalitis - 1 in every 1,000 cases.

Note: If there is a case of measles at your child's school or daycare, and your child is not up to date with their vaccines, they may be excluded from that setting until 21 days after their exposure. That's how long it takes to see whether they have become infected.

Because of immunization, measles is now a rare disease in Canada. Most cases occur in unimmunized people, including visitors to Canada, who have traveled overseas.

Measles starts with a cough, cold-like symptoms and red eyes, and fever. Then a rash starting on the face and neck and spreading to the trunk and limbs appears. Complications are pneumonia affecting the lungs, ear infection, and encephalitis which is infection in the brain. Death can occur although is uncommon.

This same rule applies to both children and staff in settings like schools and day cares, because infectious diseases spread easily in these places.

The measles outbreak is expected to continue for another two weeks as the second and third wave of the disease makes its way through the communities. Anyone who has symptoms or suspects they have contracted measles is encouraged to stay home until the symptoms are over. Fraser Health will continue to update the public on the progress of the disease and B.C.'s provincial health officer, Dr. Perry Kendall, will provide additional updates as the need arises or as additional information becomes available.

For more information, please visit:

The BC Centre for Disease Control: www.bccdc.ca/resourcematerials/newsandalerts/Measles+Fraser+Health.htm

www.bccdc.ca/dis-cond/a-z/_m/Measles/default.htm

ImmunizeBC: www.immunizebc.ca/diseases-vaccinations/measles



NORVIRUS

What is Norovirus?

Norovirus is a group of viruses that cause acute gastroenteritis, often called the stomach flu or winter vomiting disease. This is not influenza or the flu, which is a respiratory infection caused by the influenza virus.

Norovirus outbreaks occur in B.C. communities every year. Outbreaks of illness are common in nursing homes, daycare centres, schools, children's camps and on cruise ships.

What are the symptoms?

Within a day or two of being exposed to a norovirus you may have an upset stomach and start vomiting, often followed by cramping, chills, fever and diarrhea. The illness usually begins suddenly and lasts only for 1 to 3 days. Complications may occur if people lose too much fluid from vomiting and diarrhea and do not drink enough fluids. This is more likely to occur with babies, the elderly and people with weakened immune systems. Severe illness is very rare and hospital care is usually not required.

How can the virus be prevented?

- There is no vaccine or medication that can prevent norovirus infection.
- The key to preventing the virus or reducing it from spreading is hand washing, especially after using the toilet, changing diapers or before eating or preparing food. Proper hand washing requires warm running water, soap and cleansing of the hands for about 30 seconds. For more information see HealthLink BC File #85 Hand Washing for Parents and Children.
- Bathrooms used by sick people should be disinfected with a dilute bleach solution (1 part household bleach to 9 parts water).
- Any food that has been handled by a person with the virus or exposed while a person vomited should be thrown out.
- Dishes and utensils should be washed with hot water and detergent or in a dishwasher.
- Laundry soiled with vomit or diarrhea should also be washed with hot water and detergent.
- People who are ill and work as food handlers or care providers should stay away from work while they are sick and for 2 days after they are better. Even when diarrhea and vomiting have stopped, the virus can still be in the stool (bowel movement) for as long as 2 weeks. Be sure to wash hands carefully and often.
- If someone is ill with norovirus, discourage visitors to the home. It is best to wait for a couple of days after everyone is better and the house is cleaned and disinfected.
- When a family member is sick with vomiting or diarrhea, it is a good idea for that person to try to stay in a separate room and not be around others. Everyone in the family should wash their hands often with soap and water. Use different towels or paper towels for drying hands to help stop the spread to other people

To learn more see the BC Centre for Disease Control's A Quick Guide to Common Childhood Diseases:

http://www.bccdc.ca/NR/rdonlyres/8061A728-C969-4F38-9082-B0296EF2A128/0/Epid_GF_childhood_quickguide_may_09.pdf





Supervision of Children

In order to sustain a safe environment for children, the *Child Care Licensing Regulation* requires care providers to ensure that children are supervised at all times. We are frequently asked to provide more detail on this subject, specifically, “What exactly constitutes adequate supervision?” We have reviewed several sources of literature and find that the outcome based approach referred to in articles by Sonja Tansey for the National Childcare Accreditation Council fit best with the way that we practice licensing in Northern Health. We have taken some key ideas from this article.

Supervision is the most important element in the safe provision of child care. Supervision, together with thoughtful design and arrangement of children’s environments, can prevent or reduce the likelihood of accidents and the severity of injury to children. Children often challenge their own abilities but are not always able to recognize the potential risks involved. Child care providers need to actively supervise children to identify risks and therefore minimize injury.

Active supervision will also ensure that children’s play is enjoyable and their learning opportunities are promoted. By watching children closely, child care providers will be able to see opportunities for supporting and building on children’s play experiences. Child care providers will also notice when children wish to play independently of adult involvement.

Determining the required level of direct versus indirect supervision is a decision that only the child care provider can make. Effective supervision will only be achieved if care providers are aware of the children and their environment. Child care providers need to assess the needs of every child and supervise according to the development of each child. For example, young children will require close monitoring at all times; however, for older children it is important to balance the need for close supervision with respect for their age developing independence.

Thoughtful consideration and good communication with families and among all staff is important to establish consistent and appropriate supervision. Families should be invited to express their views about their children’s supervision. Policies and procedures should be developed and reviewed regularly. For more information, the complete version of Sonja Tansey’s article can be found at http://www.ncac.gov.au/factsheets/oshcqa_factsheet2.pdf

Active and Positive Supervision

Care providers who are involved, aware and appreciative of young children's behaviors are in the best position to safeguard their well-being. Here are some points to consider:

Know each child's abilities

Jennifer, a very active two year-old, is fascinated with climbing but has not yet mastered the skill of coming down the ladder. Carlos, also age two, can manage this very well.

Establish clear and simple safety rules

"Inside we walk," "We climb up the ladder and come down the slide" and "Our toys stay on the ground when we climb" are rules that young children can understand.

Be aware of potential hazards

The log in the play yard is a source of much imaginative play. However, after a heavy rain or cold spell, the log is slippery and therefore "off limits" to the children.

Position yourself strategically

Standing nearby or being in the block play will encourage Sally to remember the rule "Your building can be as tall as you are" and discourage Michael from throwing blocks in frustration. Your presence not only serves as a reminder but also enables you to intervene quickly when needed.

Scan and circulate

Looking "up and out" and moving "with the action" are the best ways to be aware of the group as a whole and to anticipate potential trouble spots. Facing the open play space while sitting at the art table enables you to move quickly to the climber when you see the line-up growing.

Focus on the positive rather than the negative

Telling Dianne "Keep the water in the bucket" rather than "Don't splash the water" is a positive way to teach her what is safe for herself, others and the environment.

Redirect

Paul, a toddler, has a tendency to bite when frustrated. Knowing this and positioning yourself close at hand will enable you to offer him a hard, plastic biting toy when needed. With Suzy, a two year old who has a tendency to hit others when angry, you might redirect her to the playdough table to "pinch and punch" something that cannot be hurt.

Indicators of Active and Positive Supervision

The following statements are indicators that can help you determine if you are providing adequate supervision. They may also help you identify areas for improvement in your practice and provide you with some ideas for developing written policies and procedures for your facility that are intended to guide care providers in the care and supervision of children.

- I have arranged the furniture, equipment and play space strategically to assist with supervision.
- I position myself and circulate the room so that I can see and/or hear the children at all times.
- I am present to help children resolve conflict.
- I spend quality time with each child on a daily basis.
- I can hear or see the children while they are napping.
- When I take phone calls, I maintain supervision of the children.
- All of the children are on the same level of the facility at one time.
- I take all children outside at the same time and I remain with them at all times.
- All children are brought in from outside at the same time.
- I am able to monitor children in the bathroom while respecting their need for privacy.
- If a friend arrives at my door I ask them to return at a more convenient time.
- I have taken measures to ensure children cannot exit the facility unattended.
- The activities and/or equipment are developmentally appropriate for the children in my care.
- I have planned and prepared for the day by having all supplies on hand so that I don't have to leave children unsupervised to find something.
- A second adult is immediately available to supervise children in the event I need a replacement because of urgent and unforeseen circumstances.

When supervising young children, it is essential to monitor what is happening on a continual basis so that you can instantly intervene to protect their health and safety. If something does happen, you will need to be able to explain the details of the incident, your facility's supervision practices and what preventative measures have been put into place to ensure children are safe and not in danger or at an unacceptable risk of harm. If you require further information, your Licensing Officer or Child Care Resource and Referral office may be able to help you find additional resources.



Continuous Supervision

The Community Care and Assisted Living Act (Act), the Child Care Licensing Regulation (Regulation), and Standards of Practice set out the minimum requirements that Licensee's must meet when caring for children in all aspects of care.

Every year, certain topics frequently are re-visited to ensure clarification. One such area involves the concept of providing “*continuous supervision*” of children in care. While it is recognized that there are unique supervision challenges in facilities (especially Family Child Care and In-Home Multi-Age Care settings), the expectation is that an appropriately qualified adult will supervise children at all times.

Section 7(1) (b) of the Act and Sections 34(1), 35, and 39 of the Regulation specifically address requirements of supervision for all licensees and staff within child care facilities. The intent of these requirements is to protect children's health, well-being, and overall to prevent injuries.

When children are enrolled in childcare facilities, parents trust that their children's overall development and individual needs will be cared for; furthermore, they have an expectation that the caregivers will **actively supervise** their children at all times.

Active supervision prevents harm; additionally, with active supervision, caregivers will also notice when children wish to play independently of adult involvement; or when children need their support in situations where they have not yet developed skills to deal with on their own (i.e.: sharing, conflict resolution, etc.). In addition, active supervision enables caregivers to be immediately accessible to the children in cases of an emergency. In order to respond appropriately to any of these types of situations, a caregiver must be able to hear, see and have direct physical access to the children at all times. **Active and positive supervision involves caregivers:** a) Knowing each child's abilities; b) Establishing clear and simple safety rules; c) Being aware of potential safety hazards; d) Standing in a strategic position; e) Scanning play activities and circulating; f) Focusing on the positive rather than the negative to teach a child what is safe for the child and other children.



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In addition, children like to test their skills and abilities. Risk-taking behavior must be detected; and illness, fear, or other stressful behaviors must be managed in order to prevent harm to children. This is particularly noticeable around playground equipment. Even if the highest safety standards for facility and playground layout, serious injuries can happen if children are left unsupervised. Caregivers who are involved, aware, and appreciative of young children’s behaviors are in the best position to safeguard their well-being.

The following checklist has been developed to help you determine if you are providing adequate supervision at all times. Read the following statements, apply them to your own child care practice, and answer if the statement is true (T) or false (F).

- | | | |
|---|---|---|
| 1. I can see and/or hear the children at all times. | T | F |
| 2. I am present to help the children resolve conflict. | T | F |
| 3. I spend quality time with each child on a daily basis. | T | F |
| 4. I have immediate access (hear and see) to children while they are napping. | T | F |
| 5. When I take phone calls, I maintain supervision of the children. | T | F |
| 6. All of the children are in the same area of the facility (indoors, outdoors, on same floor level). | T | F |
| 7. I take all children outside at the same time and I remain with them at all times. | T | F |
| 8. All children are brought in from outside if one child needs to use the bathroom. | T | F |
| 9. If a guest arrives at the door I ask them to return at a more convenient time. | T | F |
| 10. I keep the front door locked to ensure children cannot exit the facility unattended. | T | F |
| 11. I can readily access a means of communication at any time in the facility or on outings. | T | F |
| 12. The activities and/or equipment are developmentally appropriate for the children who are in my care at this time. | T | F |

If you are able to answer “True” to all of the above statements, you are likely providing continual supervision at all times.

If you answered “False” to any one of these statements, you are encouraged to review your current practices, discuss alternative techniques with other care providers and/ or enroll in family child care courses or relevant workshops that will assist you in providing closer supervision of children in your care.

In addition to this information, we have included the Supervision Fact Sheet to this newsletter and, would also like to refer you to the “Preventing Injury in Child Care Settings” resource developed by the Ministry of Health Planning by going to this weblink: <http://www.health.gov.bc.ca/library/publications/year/2003/oip003.pdf>.

