

# Quarterly Update

FALL 2016

## CHILD CARE LICENSING UPDATE

### *Child Care Licensing Program Mission:*

*The Child Care Licensing Program licenses and monitors Family Child Care Homes and Child Care Centers in an effort to ensure that they provide a safe and healthy environment for children who are in day care.*

### A Note from Pamela Dickfoss, Deputy Director

Welcome to the Fall edition of the Community Care Licensing (CCL) Child Care Quarterly Newsletter. An area that is of great concern to us is how to help lower the occurrence of Sudden Infant Death Syndrome (SIDS) in our child care centers and homes. October is SIDS awareness month, and the Child Care Licensing Program is joining the community in raising awareness of SIDS.

SIDS is defined as the sudden, unexplained death of an infant younger than one year of age that remains unexplained after a thorough case investigation. This includes a complete autopsy, a full examination of the death scene, and a review of the infant's and family health history.

SIDS is the leading cause of death for infants between one month and 12 months of age, and why I feel it is so important to share the recommendations that could help in the battle against SIDS.

The following recommendations from the Academy of Pediatrics are vital to know if you care for or plan on caring for a child who is less than 12 months of age.

### **American Academy of Pediatrics (AAP) recommended Safe Sleeping Practices for Infants Younger than 12 Months Old**

- Always place infants to sleep on their backs during naps and at nighttime.

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- Infants should only sleep or nap in a safety-approved crib with a firm mattress and a well-fitting sheet. Don't place babies to sleep on chairs, sofas, waterbeds, or cushions. Adult beds are NOT safe places for babies to sleep.
- Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, bumper pads, and wedges should not be placed in the crib with the infant.
- No crib sharing, sleep only one infant per crib.
- Keep the room at a temperature that is comfortable for a lightly clothed adult.
- Do not use wedges or infant positioners, since there's no evidence that they reduce the risk of SIDS, and they may increase the risk of suffocation.
- Have supervised, daily "tummy time" for babies who are awake. This will help babies strengthen their muscles and develop normally.
- Teach all staff, substitutes, and volunteers about safe sleep policies and practices and be sure to review these practices often.

**For more information on SIDS and Safe Sleep Environments, please visit:**

California Department of Public Health - California SIDS Program:  
<http://www.cdph.ca.gov/programs/SIDS/Pages/default.aspx>

AAP - Safe Sleep Campaign:  
<http://www.healthychildcare.org/sids.html>

AAP - Free Training: Reducing the Risk of SIDS in Early Education and Child Care:  
<http://shop.aap.org/Reducing-the-Risk-of-SIDS-in-Early-Education-and-Child-Care>

Caring for our Children, Safe Sleep Practices and SIDS/Suffocation Risk Reduction:  
[http://cfoc.nrckids.org/standardview/spccol/safe\\_sleep](http://cfoc.nrckids.org/standardview/spccol/safe_sleep)

I am very pleased to announce the appointment of Ellie Jones as the Assistant Deputy Director of CCLD for the Department, effective May 1, 2016. Ellie has over 25 years of extensive Child Welfare Services experience. Ellie has been the Chief of the Children's Services Operations and Evaluations Branch in the Children and Family Services Division for the last five years. In her new capacity, Ellie will oversee the development and implementation of policy and process standards across CCLD's seven branches and the Central Operations Branch functions. Please join me in welcoming Ellie to the CCLD's leadership team.

**Management Information**

**Bertha Manzanares**

Bertha promoted to Regional Manager of the Monterey Park Regional Office, effective October 1, 2016. This office is one of the largest Regional Office in the Child Care Program. Bertha has worked for the state for 23 years, 16 of those with the Community Care Licensing Division (CCLD). She worked as a Licensing Program Analyst (LPA) and for the last five years has been a Licensing Program

Manager I. Bertha is well respected in the Monterey Park Regional Office and is known for her ability to train and mentor staff both in her office and in the Academy for new LPAs. She has a Bachelor's degree in Telecommunications from DeVry Institute of Technology.

### **Scott Herring**

Scott Herring promoted to Regional Manager for a new office we are starting in Palmdale. His effective date is October 1, 2016, and he will be planning and hiring for this new office. Scott has worked for the state for 18 years, eight of which have been in the Child Care Program of the CCLD. He has worked as a Licensing Program Analyst in Fresno, a Child Care Advocate for the Northern half of the state and a Licensing Program Manager I in the Culver City Regional Office for the last three years. Scott has a Bachelor's Degree in Social Work from California State University Fresno.



### **Sharon Greene**

Sharon promoted to Licensing Program Manager in the Culver City Regional Office, effective October 1, 2016. Sharon has worked for the state for 24 years, 11 of those with the Community Care Licensing Division (CCLD). She worked as a Licensing Program Analyst

(LPA) for eight and a half years and has been a Child Care Advocate for a little over two years covering the Greater L.A. area. Sharon has a wealth of knowledge in the Child Care field and will be missed by her Advocate peers. Sharon holds an AA in Interdisciplinary Studies.

### **Colleen Young**

Colleen has retired as of October 2016. She was the Assistant Program Administrator (APA) with the Child Care Program. Colleen has worked for the CCLD for 26 years, starting as a Licensing Program Analyst, promoting to a Licensing Program Manager I, and then to the Regional Manager position in Santa Barbara. She moved to Sacramento in 2013 to become the APA for the northern half of the state. Colleen has been indispensable as the APA and has the reputation of being fair minded and thorough. She is well loved by the Regional Managers that she supervised and she will be greatly missed. We wish her much happiness in her retirement.

## **SB 792 (Mendoza) Child Care Employee and Volunteer: Immunization and Tuberculosis Requirements**

Effective September 1, 2016, a person may not be employed or volunteer at a child care center or a family child care home unless he or she has been immunized against influenza, pertussis, and measles or qualifies for an exemption (Health and Safety Code sections 1596.7995 (a)(1) and 1597.622 (a)(1)). In order to qualify for an exemption, a person must submit one of the following to the child care center or family child care home:

- A determination by a licensed physician, in writing, that immunization is not safe for them because of their physical condition or medical circumstances (Health and Safety Code sections

1596.7995 (b)(1) and 1597.622 (b)(1); or

- A determination by a licensed physician, in writing, that they have evidence of current immunity (Health and Safety Code sections 1596.7995 (b)(2) and 1597.622 (b)(2); or
- In regard to the influenza vaccine only, a signed declaration that he or she has declined the vaccine (Health and Safety Code sections 1596.7995 (b)(3) and 1597.622 (b)(3)).

A person is also considered exempt from the influenza vaccine if they were hired or began volunteering after December 1 of the previous year or before August 1 of the current year (Health and Safety Code sections 1596.7995 (b)(4) and 1597.622 (b)(4)).

Employees, including teachers, and volunteers at child care centers, must still establish that they are in good health through a public health screening that includes a tuberculosis test (Title 22, California Code of Regulations care must provide evidence of a current tuberculosis clearance. An adult can obtain a certificate that indicates freedom from infectious tuberculosis (Health and Safety Code section 1597.54(d); Health and Safety Code section 12125). An adult can obtain a certificate by means of a risk assessment, negative tuberculosis test, or, upon testing positive, and X-ray of the lungs, establishing freedom from infectious tuberculosis (Health and Safety Code sections 121525, 121530). Licensing Program Analysts (LPA) will review

section 101216(g); Health and Safety Code section 1597.055(a)(5)).

Teachers may now, however, provide a certificate obtained from a licensed physician or surgeon per Health and Safety Code section 121525, after a risk assessment that indicates that they are free from infectious tuberculosis as an alternative to the test (Health and Safety Code section 1597.055 (a)(5)). An adult in a family child care home while children are in

personnel records to ensure that all employees and volunteers at a child care center or family child care home have been immunized against pertussis, measles, and influenza, unless they qualify for an exemption. LPAs will also review records to ensure compliance with the tuberculosis clearance requirement as modified.

Please contact your local Licensing Regional office if you have additional questions. <http://www.cclid.ca.gov/res/pdf/16APX-16.pdf>

## New System News – It’s Really Happening!

Child Welfare Digital Services (CWDS) is overseeing development of Child Welfare Services-New System (CWS-NS). As part of CWS-NS, CWDS will provide the “Certification, Approval, and Licensing Services” (CALs) functionality needed by Children’s Residential Program and Counties. In what is likely to be a multi-year process, once everything that CCLD currently relies on from the current databases-Field Automation System (FAS) and Licensing Information System (LIS) has been developed for Children’s Residential, planning for rollout to the Adult and Senior Care and Child Care Programs will also begin.

The first step on this journey is procuring the software developers who will work in partnership with users to create CWS-NS. On September 1, 2016, CWDS [announced the award](#) of a development contract for the Intake digital service to Case Commons. The Intake

Digital Service will provide county Child Welfare Agencies an easy to navigate and efficient way to record and access information regarding child abuse, neglect, and exploitation allegations, investigative findings, and outcomes. Case Commons has now started this work.

On September 16, 2016, the Request for Offer (RFO) for the design and development services of the CALs digital service was also released. The CALs digital service will provide tools that facilitate and support the activities of state and county workers related to ensuring that licensed facilities, approved homes, and associated adults meet and maintain required standards. More information about the vision for CALs and the scope of the CALs digital service can be found at the CWDS [“Digital Services Dashboard.”](#)

The team that is awarded a contract on the basis of their response to the CALS RFO may begin work as early as December! To read the CALS Request for Offer or to follow the key action dates for this procurement, please see the [CWS-NS Procurements page](#).

More information about the progress, scope, and vision for CALS development, as well as for all the CWS-NS digital services, including your opportunities to provide feedback throughout CWS-NS development, can be found at the following websites:

- <https://cwds.ca.gov/dashboard/digitalservices.html>
- <https://cwscms.osi.ca.gov/New-System>
- <http://www.cdss.ca.gov/cdssweb/PG2400.htm>

(see monthly “Child Welfare Service – Digital Services Update” reports under Children and Family Services Division)

You can also follow CWDS [on its Twitter feed](#) for more information about CWS-NS and CALS progress!

## 2015 Most Common Deficiencies Cited

Each year a list of the most common deficiencies cited for family child care homes and centers is posted. The top three most common deficiencies cited in 2015 for family child care homes were: (1) expired CPR/First Aid; (2) disaster drills not completed or documented; (3) and hazards accessible to children. The top three most common

deficiencies cited for child care centers were: (1) children not signed in/out; (2) carbon monoxide detector not present; and (3) staff health screenings missing from staff files. The lists are published as information to help providers maintain compliance. View the full documents at the following link: <http://cclcd.ca.gov/PG2917.htm>

## Tap Water Safety: Keeping Children Hydrated and Healthy

Water is the best beverage for children between meals and snacks. It helps children maintain a healthy weight, and think and play at their best. Drinking water instead of sugary beverages helps prevent dental caries (cavities) and a drink of water at the end of a meal rinses the mouth for oral health. In fact both federal and state laws require that water be readily available throughout the day, including at all meal, snack and play times, at all licensed child care facilities.



In the vast majority of places, tap water is safe to drink – public water systems are held to strict federal and state standards to ensure that communities have access to safe drinking

water. In the rare instances when tap water is unsafe, the community is notified and provided with instructions on how to access safe water.

However, even when you know the community water supply is safe, it is wise to assess whether your facility’s water has any lead contamination. Older buildings, as well as facilities where the plumbing system shows signs of decay, have a higher risk of lead contamination. The steps outlined in this toolkit can be found at the following website:

<http://waterinschools.org/parents-making-waves/> and are available in English and Spanish.

Assessing the risk of drinking water contamination at your facility can help you

provide water with confidence. Teach your children that the healthiest way to hydrate is with plain water!

For all sorts of resources and information on drinking water, check out the National Drinking

Water Alliance's website at <http://www.drinkingwateralliance.org/>

*Thank you to the UC Nutrition Policy Institute for this article. More information can be found at <http://npi.ucanr.edu/>.*

## How to Prepare for Disasters

In the coming decades, California will likely be faced with increased impacts from extreme natural events such as heat waves, wild fires, droughts, and floods. The 2016 California Child Care Disaster Plan has been developed by the UCSF California Child Care Health Program and is available here:

<http://cchp.ucsf.edu/content/disaster-preparedness>

The purpose of the California Child Care Disaster Plan is to provide clear guidance for state agencies, licensed child care centers,

family child care homes, and others to respond to disasters that affect child care communities. This guide helps create a detailed written disaster plan, enables identification of potential hazards in a community, discusses emergency roles and responsibilities, and provides guidance in the event of an emergency. Title 22 Regulations 101174 (for child care centers) and 102417 (for family child care homes) requires licensed child care providers to have a written disaster and mass casualty plan of action and to conduct disaster drills at least every six months.

## Child Care Videos

What is a civil penalty? What forms do I need to keep in my family child care home? What are my rights as a licensee? What should parents look for when seeking child care? The answers to these questions and other topics are now addressed in a series of child care

videos that have been designed with child care providers and parents in mind. The videos contain explanations of licensing regulations and can be utilized in a variety of settings, including staff trainings. The videos can be found at <https://cclid.childcarevideos.org/>.



## Early Education and Child Care Regulation Quick Reference Guide

A workgroup comprised of Community Care Licensing, California Head Start, and California Department of Education was created to help child care center providers and others to recognize the differences between standards and regulations. A guide has been developed that outlines the minimal standards that are required for Title 22 programs, Title 5 programs, and Head Start programs. All child care programs follow Title 22 requirements, but

for those programs that layer funding, additional standards are required. This Quick Reference Guide can be used to examine the differences. Keep in mind that Regulations and laws do change and that therefore this Guide is subject to accordingly change as well. [http://caheadstart.org/pdfs/regulations/Early\\_Ed\\_and\\_Child\\_Care\\_Reg\\_QuickReference\\_Guide.pdf](http://caheadstart.org/pdfs/regulations/Early_Ed_and_Child_Care_Reg_QuickReference_Guide.pdf)

## Zika Virus: What to Know

There has been information in the news lately about the Zika Virus. This is a virus that is transmitted mostly by the bite of an infected Aedes species mosquito. These mosquitos are aggressive daytime biters and can also be active at night. Zika can be passed from a pregnant woman to her fetus, causing birth defects. There is no vaccine or medication to prevent or to treat Zika. A Fact Sheet for parents, provided by the Office of Human Services Emergency Preparedness and Response, can be found at the following link: <http://www.acf.hhs.gov/ohsepr/resource/zika-parents>. This Fact Sheet includes symptoms

of Zika, risk factors, and how to stop the spread of Zika.

A Fact Sheet for providers is also available at: <http://www.acf.hhs.gov/ohsepr/resource/head-start-or-child-care-programs-need-to-know-about-zika>. This Fact Sheet provides best practices for providers such as: eliminate all standing water; cover children's arms and legs when playing outside; and ensure screens for windows are in place and in good repair. The Center for Disease Control also has information about Zika and can be found at <https://www.cdc.gov/zika/>

## Reminder to Periodically Update Facility LIC Forms

With the beginning of a new academic year and the start of a new season, this may be a good opportunity for licensees to review and update their facility files as needed, with particular attention paid to the following licensing forms:

- Emergency Disaster Plan
- Designation of Facility Responsibility
- Administrative Organization
- Personnel Report
- Children's Roster



Keeping licensing forms maintained according to their particular instructions is not only a regulatory requirement but also assists licensees to take stock of important changes—especially as they relate to helping ensure the safety of all in the event of disasters or life-threatening emergencies.

Having a clear and accurate account of the staff designated to act on behalf of the licensee and the days and hours staff are scheduled to work at the facility collectively work toward ensuring the health and safety of the children placed and the due care and

supervision expected of them.

A current administrative organization record for licensees that are corporations or limited

liability companies works to establish clarity as far as the “who’s who” in an organization for the purposes of determining how decisions are made and who is authorized to make them.

<b>Administrative LIC Forms to Update</b>		
<b>LIC Form Name</b>	<b>Child Care Centers</b>	<b>Family Child Care Homes</b>
Emergency Disaster Plan	<a href="#">LIC 610</a>	<a href="#">LIC 610A</a>
Designation of Facility Responsibility	<a href="#">LIC 308</a>	Not Applicable
Administrative Organization	<a href="#">LIC 309</a>	Not Applicable
Personnel Report	<a href="#">LIC 500</a>	Not Applicable
Children’s Roster	<a href="#">LIC 9040</a>	<a href="#">LIC 9040</a>

<b>IMPORTANT INFO AND PHONE NUMBERS</b>	
<b>Centralized Complaint &amp; Information Bureau (CCIB)</b>	<b>1-844-538-8766</b>
<b>Child Care Advocate Program</b>	<b>1-916-654-1541</b>
<b>Child Protective Services</b>	<b>1-916-875-5437</b>
<b>Caregiver Background Check Bureau</b>	<b>1-888-422-5669</b>
<b>CA Child Care Resource and Referral Network</b>	<b>1-415-882-0234</b>

**Notes and Credits**

The Community Care Licensing Division (CCLD) publishes the Child Care Quarterly Update for the benefit of Licensees, Parents, and Stakeholders.

**Pamela Dickfoss, CCLD Deputy Director**  
**Paula d’Albenas, Child Care Program Administrator**

Update Editor  
 Alison Newkirk

Assistant Editor  
 Natalie Dunaway

Additional Contributors  
 UC Nutrition Policy Institute, Phoebe DeMund,