A Note from Pamela Dickfoss, Deputy Director

Welcome to the Fall Edition of the Child Care Licensing Program’s Quarterly Update

The Child Care Program had a number of bills this year, and there are two that will be especially important for licensees to be aware of that the Governor signed in October.

The first, SB 277, will require all children attending day care or school based programs to be immunized and will eliminate personal/religious belief exemptions. This bill is effective in January 2016.

The second is SB 792 and will require all staff and volunteers to show proof of immunization according to the most recent CDC Adult Schedule. More information on these and other key pieces of legislation can be found on page 3 of this Update. Implementation plans for the new legislation will be posted on the Department’s website in January 2016. To see implementation plans for other legislation for Child Care, please go to http://ccld.ca.gov/PG398.htm and click on chaptered legislation.

In other news…
Established in July 2014, the Community Care Licensing Division’s Transparency Website provides information to consumers, stakeholders, and licensees. We have now been posting licensing inspection reports for six (6) months and are receiving positive feedback of its usability and accessibility from users. This website will continue to evolve and we appreciate your ongoing feedback. Planned enhancement includes, but is not limited to, the posting of complaint inspection reports and the documentation of appeals in process.

Lastly, California has experienced numerous fires recently that have affected many homes across the state. Please review your emergency plans and ensure staff are aware of the plans, including the need to notify CCL if evacuation is imminent.

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Management Changes

Cagle Moore, Assistant Program Administrator (APA) for the south, has retired.

As the APA, Cagle managed the six Child Care Regional Offices in the southern half of the state. He had a varied career working as a Vocational Rehabilitation Counselor, and an Assistant Professor of Psychology before joining the state in 1979. He worked for the Department of Social Services in Disability Evaluation Division and the Community Care Licensing Division (CCLD) prior to becoming the APA. Cagle has devoted his career to working with vulnerable populations to ensure their safety. We wish him all the best in his future endeavors!

Linda Kryla, Regional Manager of the Chico Regional Office and the Rohnert Park Child Care Office, has retired.

Linda joined CCLD as a Licensing Program Analyst in 1991. She also worked as an Associate Governmental Program Analyst in the Program Office before becoming a Licensing Program Manager. She promoted to other Departments, but returned to us in 2008 to take the Regional Manager position. Linda is known for her calm demeanor and strong work ethic. She will be greatly missed by her co-workers, the division and the Department. We wish her much joy in her retirement.

Advocate Program Changes

The CCLD Advocacy and Technical Support Unit is happy to announce the promotion of Aaron Ross into the AGPA position of Southern California Child Care Advocate. Aaron comes to us from the Inland Empire Regional Office in Riverside, Ca where he was an LPA for 9 years. Aaron will be covering San Bernardino, Riverside, Orange, San Diego, and Imperial counties and is stationed in the Inland Empire Regional Office.

The Advocacy and Technical Support Unit currently has one vacant newly authorized Advocate position for the Central Valley and an anticipated vacancy for the Northern California Advocate, due to Judith Burden’s pending retirement, who has served as the Northern California Advocate for the last three years and will be much missed within her territory. The

Child Care Advocates Program wishes her all the best in her retirement.

Please direct questions about the Child Care Advocates Program to email address: ChildCareAdvocatesProgram@dss.ca.gov

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Chaptered Legislation

Assembly Bill (AB) 290 (Alejo)
AB 290 requires that after January 1, 2016, a director or teacher who receives the mandated 15 hours of health and safety training shall also have at least one additional hour of childhood nutrition training as part of the preventive health practices course or courses. See AB 290 bill text here.

AB 762 (Mullin)
AB 762 allows child care centers to serve children 18 months to 3 years of age within a toddler component. See AB 762 bill text here.

AB 1207 (Lopez)
AB 1207 requires that beginning January 1, 2018 all child care providers, administrators and employees must complete mandated reporter training on the detection and reporting of child abuse. See AB 1207 bill text here.

AB 1387 (Chu)
AB 1387 establishes a process for a licensee to request a formal review of a finding of deficiency. The bill also establishes an appeal process for civil penalties. See AB 1387 bill text here.

AB 2236 (Maienschein)
AB 2236 became effective, commencing July 1, 2015, and increased the amount of civil penalties that may be imposed for a violation that the department determines resulted in the death, or serious injury, of a child at a care facility. See AB 2236 bill text here.

Senate Bill (SB) 277 (Pan)
SB 277 eliminates the exemption to immunizations for children attending public school and child care based upon personal beliefs, leaving only the medical exemption in place. A child with a current personal beliefs exemption on file before January 1, 2016 will be allowed to keep that exemption until he or she reaches the next grade span. Grade Spans are as follows:
• Birth to preschool.
• Kindergarten and grades 1 to 6, inclusive, including transitional kindergarten.
• Grades 7 to 12, inclusive.
See SB 277 bill text here.

SB 792 (Mendoza)
SB 792 prohibits a person from being employed or volunteering at a child care facility if he or she has not been immunized against influenza, pertussis, and measles. SB 792 specify circumstances under which a person would be exempt from the immunization requirement, based on medical safety, current immunity, declining the influenza vaccination, or the date upon which he or she was hired, as specified. In addition, SB 792 requires any person hired as a teacher in a day care center to present evidence of a current tuberculosis clearance, as specified. See SB 792 bill text here.

Recall Information
It is the responsibility of licensees to ensure the health and safety of all children in their care. The U.S. Consumer Product Safety Commission (CPSC) advises consumers to stop using recalled products immediately unless otherwise instructed. In addition, it is illegal to resell or attempt to resell a recalled consumer product. Licensees are to follow manufacturer labels and adhere to all recall instructions provided by the CPSC. Licensees may visit the CPSC website and subscribe to receive recall alerts on consumer products.
Improving Young Children’s Success by Strengthening the Quality of California’s Early Learning Programs

Since 2012, California has actively engaged in strengthening the quality of program services offered to our youngest children, from birth through kindergarten entry, and their families participating in early care and learning programs. This effort is the result of California receiving a Race to the Top – Early Learning Challenge (RTT-ELC) federal grant to improve program quality and close the achievement gap for young children with high needs. Seventeen local consortia in 16 counties working in collaboration with the California Department of Education, First 5 California, and the California Department of Social Services, Community Care Licensing Division (one of the five participating state agencies) all support California’s plan to establish a locally driven quality improvement process by developing a Quality Rating and Improvement System (QRIS).

Exactly what is this QRIS? It is a “method to assess, improve, and communicate the level of quality in early care and education settings” (Mitchell, 2005, p.4). California’s QRIS is built upon a Quality Continuum Framework that includes common, research-based elements, tools, and resources grouped into three core areas with supporting elements as follows:

- **Core 1 - Child Development and School Readiness** with two elements: Child Observation and Developmental and Health Screenings;

- **Core 2 - Teachers and Teaching** with two elements: Minimum Qualifications for Lead Teacher/Family Child Care Home Provider and Effective Teacher-Child Interactions, using Classroom Assessment and Scoring System (CLASS™) assessments; and

- **Core 3 - Program and Environment** with three elements: Ratios and Group Size, Program Environment Rating Scale (ERS) assessment, and Director Qualifications.

Each of these seven elements is rated by using a set of standards in ascending order of quality (from one to five points) in a rating matrix structure. The consortia have agreed upon three common tiers (Tiers 1, 3, and 4) in addition to two locally-determined tiers (Tiers 2 and 5). Every participating QRIS program site receives a tier rating based on the seven elements of quality for centers and five quality elements for family child care homes. The rating matrix can be found at: [http://www.cde.ca.gov/sp/cd/rt/documents/ratingmatrix.doc](http://www.cde.ca.gov/sp/cd/rt/documents/ratingmatrix.doc).

Tier 1 is the entry point for program sites to participate in a QRIS. Tier 1 is the building block in that it contains Title 22 Code of Regulations licensing requirements. Sites must be licensed and in good standing with Community Care Licensing to participate in QRIS. When good standing status is confirmed by Community Care Licensing, applying centers and family child care homes are deemed to have met the Tier 1 standards and may continue in the rating and continuous quality improvement processes.

The general cycle for rating is every two years. Program sites embark on developing quality improvement plans that describe the action steps they will take to improve the quality of program services.

The action plan is the essential part of QRIS. This is where center staff and family child care home providers take the necessary actions based on their ratings/initial intake information to improve quality of services provided to the children and families. This process is supported by the local QRIS, sometimes in the form of incentives, professional development,
and often with a coach. It is the improvement of early learning program quality that will ultimately lead to positive outcomes for California’s youngest children in preparing them to be ready for kindergarten, assisting in closing the achievement gap, and eventually becoming productive adults. For more information about QRIS and the rating matrix, please send your inquiries to the RTT-ELC mailbox at rtt-elc@cde.ca.gov.

Safe Sleep

The Facts:
• From 2009 to 2013:
  o 76 children died in Child Care Facilities
  o 67 deaths occurred in Family Child Care Homes
  o 9 deaths occurred in Child Care Centers
  o 64% of these deaths were related to SIDS, SUID or an unsafe sleep environment.
• The SIDS risk reduction campaign known as “Back to Sleep” or “Safe to Sleep” has reduced the rate of SIDS deaths in California by 29% from 1999 to 2012.
• Infants can die within one minute when they are unable to breathe.
• A safe sleep environment is an environment that eliminates hazards which may lead to sleep related deaths in infants.

The safe sleep strategies outlined by the American Academy of Pediatrics (AAP) have been incorporated into the National Institute of Child Health and Human Development’s (NICHD) expanded public education activities now known as the Safe to Sleep Campaign. Using the success of the former Back to Sleep Campaign, this outreach effort now includes strategies to educate parents, caregivers and health care providers about ways to reduce the risk of SIDS and other sleep-related infant deaths such as suffocation.

The California State SIDS Advisory Council endorses the AAP recommendations for safe sleep for infants up to one year of age. These recommendations are summarized below.

AAP’s Recommendations for Safe Sleep
1. Always place your baby on his or her back for every sleep time.
2. Always use a firm sleep surface. Car seats and other sitting devices are not recommended for routine sleep.
3. The baby should sleep in the same room as the parents, but not in the same bed (room-sharing without bed-sharing).
4. Keep soft objects or loose bedding out of the crib. This includes pillows, blankets, and bumper pads.
5. Do not allow smoking around a baby.
6. Breastfeeding is recommended.
7. Offer a pacifier at nap time and bedtime.
8. Avoid covering the infant’s head or overheating.
9. Do not use home monitors or commercial devices marketed to reduce the risk of SIDS.
10. Supervised, awake tummy time is recommended daily to facilitate development and minimize the occurrence of positional plagiocephaly (flat heads).

For more information:
• California SIDS Program
• AAP HealthyKids.org SIDS Page
• National Institute of Child Health and Human Development, NIH
• CA Department of Public Health SIDS Program
Transporting Children Safely

To promote the health and safety of children in care, please review these reminders from the California Highway Patrol (CHP) and the California Office of Traffic Safety for keeping children safe in vehicles.

Step 1
Rear - Facing Seats
- Infant only or rear-facing convertible seat.
- Newborn to at least one year of age and at least 20 pounds.
- May stay rear-facing longer to maximum rear-facing weight limit of infant or convertible seat.

Step 2
Forward—Facing Seats (with a harness)
- Convertible or combination seat.
- Children must be at least one year of age and 20 pounds.
- Children should remain in 5-point harness until they reach the top weight or height limit allowed.

Step 3
Booster Seats (high-back or backless)
Children under eight years of age or under 4’9” in height.
- High-back or boosters must be used when the vehicle does not have a headrest or if vehicle’s seat back is lower than child’s ears.
- Must be used with lap and shoulder belts.
- Never use with lap belt only.
- Recommended to use until child fits seat belt correctly as described below.

Step 4
Seat Belt
- Children eight years of age or 4’9” in height are permitted to use a seat belt; however, the seat belt should be checked for proper fit.
- To confirm if a child over eight years old can safely ride in a seat belt alone, all of the following should occur:
  - Child can sit with back against vehicle seat back.
  - Knees bend naturally over the edge of vehicle seat.
  - Lap belt fits low and snug across top of thighs.
  - Shoulder belt crosses the collar-bone and center of chest.

In June 2015, Community Care Licensing updated the regulations addressing use of child passenger restraints and these can be found at the California Department of Social Services website, along with an updated California Department of Social Services’ California Child Passenger Safety Law Poster (PUB 269). For more information on how to install, choose, or use a car seat, or for information in other languages, please visit the California Highway Patrol or the California Department of Public Health’s websites.

Notes and Credits

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

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