

## 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.*

### The Update Has a New Look and New Home

As of December 2014, the Child Care Advocate Program moved into the Advocacy and Technical Support Unit of Community Care Licensing's new Quality Assurance, Advocacy and Technical Support (QAATS) Bureau. And the Quarterly Update came along. While the Updates now have a new look and a new home, they will serve the same important purpose: keeping the child care community informed about licensing program changes, requirements and services. We appreciate your support in sharing the Updates within your organization and with others interested in child care issues.



### A Note from Pamela Dickfoss, Deputy Director

Since I joined the Community Care Licensing Division (CCLD) a year ago, I have been honored to work alongside my colleagues serving the most vulnerable people of California through our mission to promote the health, safety, and quality of life of each person in community care through the administration of an effective collaborative regulatory enforcement system. Some of our goals toward this end, include:

- Strengthening our workforce by promoting continuous improvement and efficiency throughout the community care licensing system
- Promoting strategies to increase voluntary compliance

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**Note from Deputy Director, continued**

- Providing technical assistance to and consulting with care providers
- Working collaboratively with clients, their families, advocates, care providers, placement agencies, related programs and regulatory agencies, and others involved in community care
- Training staff in all aspects of the licensing process
- Educating the public about CCLD and community care options
- Focused collaboration with stakeholders on the evolution of community care and related policy development.

And in the last year, we have been very busy rebuilding or laying new foundation to support these goals. You will find more details about some of the ways we're doing this in this update, and to highlight just a few, we have:

1. Launched a Centralized Complaint Unit, establishing a toll free hotline where anyone can call and lodge a complaint. To date, we have logged approximately 300 calls per week and the number is steadily increasing.
2. Created a Quality Assurance (QA) Unit, which is implementing processes for monitoring and addressing opportunities to improve the quality and consistency of our own performance, as well as identify and

## Licensing Management Information

### **Darryl Jefferson**

The Child Care Program is happy to announce the appointment of Darryl Jefferson to the Regional Manager position in the River City Regional Office- Child Care. Darryl has a Bachelor's Degree in Mass Communication from Cal State East Bay and was a Licensing Program Analyst for several years before becoming a Licensing Program Manager I in the Bay Area Regional Office in Oakland. He has worked for the Community Care Licensing Division for over 22 years with 15 of those years in management. Please join us in welcoming him!

address areas of non-compliance by licensees.

3. Established an Advocacy and Technical Support Unit to enhance training and support to licensees who are looking for opportunities to improve their compliance and performance.
4. Expanded the training our field staff receive with program-specific training teams to increase the ongoing training opportunities for established LPAs and by expanding the new LPA Academy from two weeks to four weeks.
5. Instituted an online LPA exam, available 24 hours a day, seven days a week – which will allow us to fill vacancies in a timely manner with a continually refreshing pool of motivated and qualified applicants.

As we look forward to the work ahead, I anticipate many more opportunities to meet and network with provider, stakeholder and advocate communities for each program. We succeed when community care recipients are safe, healthy, and receiving the quality care we know most providers want to provide. Please take advantage of all the ways we are here to assist you.



### **Monica Filice**

Welcome Monica Filice to her new position of Licensing Program Manager I in the River City Regional Office– Child Care, as of January 5, 2015. Monica began her career with the State in 2007 when she worked as a counselor at the

### ***Licensing Management Information, continued***

California School for the Blind. Monica also worked as a Licensing Program Analyst in the San Jose Regional Office-Child Care for four years. Her most recent position was with the Department of Industrial Relations as a Deputy Labor Commissioner. She was in that position for three years.

### **Timetra Faulcon**

Welcome Timetra Faulcon to her position of Licensing Program Manager I in the San Jose Regional Office- Child Care, as of January 2, 2015. Timetra has worked with CCL since 2001 as a Licensing Program Analyst in the Adult and Senior Care Program. In 2008 she was promoted to Licensing Program Manager I for the Adult and Senior Care Program.

## **Healthy Schools Act Expanded -- Further Protects Children**

When children returned from winter break, there was greater emphasis on safer pest management methods at the places where they learn and play. As of January 1, 2015, new changes to the [Healthy Schools Act \(HSA\)](#) expand the scope of pesticide information provided to parents and educate childcare providers about less hazardous ways to control pests. Child care centers applying pesticides are required to establish an integrated pest management plan (IPM) and report pesticide use annually to the Department of Pesticide Regulation (DPR). Previously, the law only required pest management companies that apply pesticides at child care centers to report use to DPR. Now, under the amended law, anyone who applies pesticides, including child care center staff, will need to report that pesticides were used, the time of application, the location, and the amount of the product.

Child care centers that use pesticides must now have an IPM plan. This will allow parents to view pest management strategies. These plans will be posted online or sent out to parents or guardians and staff with the annual pesticide notice. DPR has posted an IPM plan template on their Web site for child care centers to use.

### **REMEMBER!**

**New training requirement begins July 1, 2016.**

In addition to changes beginning in January, a new training requirement begins July 1, 2016. Anyone who applies any pesticide—including disinfectants like bleach—at a child care center will need to take a DPR-approved IPM training course. This includes both licensed child care center staff and hired pesticide applicators applying pesticides at child care centers. DPR is developing free online training courses that will fulfill this requirement. For licensed applicators, the training will be offered as continuing education courses.

For more information about changes to the Healthy Schools Act, templates, or articles, you can visit the DPR website at: [www.cdpr.ca.gov/schoolipm/childcare](http://www.cdpr.ca.gov/schoolipm/childcare).



## Protecting Children in Your Care from the Measles

Given the recent measles outbreak in California, CA Department of Public Health (CDPH) recommends that child care facilities confirm that children 15 months and older have received their required vaccines, including at least 1 documented dose of MMR vaccine. Some children may have been admitted during infancy, before MMR is given. Please check the records of your children now, and remind parents to bring in updated records for MMR and other required vaccines. Make sure you know which children have not been immunized and might need to stay home if measles comes to your facility.

Conditional entrants: Facilities are required to review records of infants and toddlers admitted conditionally every 30 days until they have

## Chaptered Legislation

### **Assembly Bill (AB) 1819: Family Day Care Home: Smoking Prohibition**

AB 1819 was adopted and it creates an effective **24/7 ban on smoking tobacco in a home** that is licensed as a family day care home, **and** in those areas of the family day care home **where children are present**. This change in law was based on demonstrated negative health effects of second and “third hand” smoke on children. Third hand smoke generally refers



received all immunizations required by age 18 months, including measles vaccine [[California Code of Regulations, Title 17, Section 6070 \(f\)](#)]. Continued attendance depends upon receipt of the remaining required doses within the times specified in Table 2 at [CCR, Title 17, Sections 6020 and 6035](#). For Frequently Asked Questions on conditional admission, see: <http://www.shotsforschool.org/laws/conditional-admission/>.

For additional resources and information for schools and parents, please visit the CDPH's [Measles information page](#) and [www.shotsforschool.org](http://www.shotsforschool.org)

Thank you for protecting the health of your children!

to the residue from tobacco smoke that sticks to surfaces after the secondhand smoke has cleared.

Effective January 1, 2015, Licensing Program Analysts (LPAs) will enforce this new law through regular inspections and complaint visits as set forth in the “Child Day Care Facilities Act” and the “California Code of Regulations, Title 22, Division 12.”

LPAs will cite based on physical evidence, for example an ashtray with cigarette butts, a pervasive smell of smoke in the home, or based on interviews and witnesses to the violation. The law does not prohibit smoking tobacco outside the home where the licensee has designated the area as “off limits” and there are no children present. LPAs will review the Facility Sketch (LIC 999), to determine “off limits” areas.

## Reminder about Safe Sleeping Practices

Sudden Unexpected Infant Death (SUID) is the death of an infant younger than 1 year of age that occurs suddenly and unexpectedly. After a full investigation, these deaths may be diagnosed as suffocation, entrapment, infection, ingestion, metabolic diseases, cardiac arrhythmias, trauma, or SIDS. Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant younger than 1 year of age that remains unexplained after a thorough case investigation.

From January 2007 until January 2015, 88 children have died in licensed child care facilities in California. Of these deaths, according to the coroner's reports, about 60% were determined to be SIDS (Sudden Infant Death Syndrome), SUID (Sudden Unexpected Infant Death) or they died while in an unsafe sleeping environment, such as napping in a car seat. CCLD has not received cause of death on 10 of the deaths yet. Unaccustomed sleep position, soft sleeping surfaces and loose bedding and overheating are three factors that increase the risk of an infant dying of SIDS or other sleep-related causes of infant death.

### **Unaccustomed Sleep Position**

The National Institute of Child Health and Human Development – National Institute of Health (NICHD)-supported research found that infants who are accustomed to sleeping on their backs but who are then placed to sleep on their stomachs or sides are at an increased risk of SIDS—greater than the increased SIDS risk experienced by infants who are always placed on their stomachs or sides. **Make sure that babies always sleep on their backs. Every sleep time counts.** Parents, caregivers, grandparents, babysitters, siblings—everyone in charge of putting baby to sleep should place

the baby on his or her back to sleep for every sleep time.

### **Soft Sleeping Surfaces and Loose Bedding**

Studies have found that sleeping on soft surfaces, such as couches and soft mattresses, is a significant risk factor for SIDS. For example, in 2003, an NICHD-supported study showed that placing an infant to sleep on soft bedding posed five times the risk of SIDS as sleeping on firm bedding, such as on a safety-approved crib mattress. More striking, though, was the fact that infants who slept on their stomachs on soft bedding were at 21 times greater risk for SIDS than were infants who slept on their backs on firm bedding. In addition, soft and loose bedding can increase the potential risk of suffocation. The Consumer Product Safety Commission has reported that the majority of sleep-related infant deaths in its database are related to suffocation involving pillows, quilts, and extra bedding.

*Source:* [National Health Institute](#)

For more information about crib safety, visit the U.S. Consumer Product Safety Commission website: <http://www.cpsc.gov/en/Safety-Education/Safety-Guides/Kids-and-Babies/Cribs/>.

For more information on SIDS, SUID and Safe Sleep Environment, Visit:

- CA Dept of Public Health - California SIDS Program:  
<http://californiasids.cdph.ca.gov/>
- National Institute of Child Health and Human Development, NIH – Safe to Sleep Program:  
<http://www.nichd.nih.gov/sts/Pages/default.aspx>
- American Academy of Pediatrics - Safe Sleep Campaign:  
<http://www.healthychildcare.org/sids.html>

## Child Care & Development Block Grant Act of 2014 Reauthorization

The Child Care and Development Block Grant (CCDBG) Act of 2014 (P.L. 113-186) was signed into law November 19, 2014. This is the block grant's first reauthorization since 1996. The Child Care Development Fund (CCDF) is a \$5.3 billion block grant program that provides funding to states, territories, and tribes to provide access to child care services for low-income families and improve the quality of child care. The CCDBG Act of 2014 renews authority for CCDF through FY 2020 and represents an historic re-envisioning of the program. The block grant is focused on better balancing dual purposes – to promote economic self-sufficiency for low-income families and support healthy development and school readiness needs of children.

This means new facility requirements and quality improvements for child care must be adopted by each State, including California, in order to receive CCDF dollars or provide care for those who do (receive a CCDF subsidy). The impact to California childcare will not be immediate, and will take effect in phases, over the next few years. California's adoption of the requirements will ultimately be determined through ongoing collaboration with the

[Federal Office of Child Care](#), other State Departments, and child care stakeholders.

A general [summary of the new CCDBG requirements](#) can be found at the Office of Child Care Website.

Every three years, the federal government requires states, territories, and tribes that receive funds through the federal CCDF to prepare and submit a plan detailing how these funds will be allocated and expended. As part of the State Plan preparation process, federal law requires the lead agency to convene a public hearing to provide an opportunity for the public to comment on the provision of child care services and quality improvement activities under the Plan before it is submitted to the federal government.

For more information about the public hearing, please contact the [Early Education and Support Division](#) at 916-322-6233. You may also visit the California Department of Education's website for information on how to participate in the public hearings: <http://www.cde.ca.gov/sp/cd/re/ccdfstplnhear1618.asp>

### Top Three Most Commonly Cited Deficiencies in 2014

Family Child Care Homes	Preschool Child Care Centers	School- Age Child Care Centers	Infant Child Care Centers
Personnel responsible for care and supervision did not have proof of up to date first aid and/or CPR.	Furniture/Equipment not in good condition- sharp, loose, pointed parts.	No staff present had proof of up to date first aid and/or CPR.	Infant Needs and Services Plans not updated quarterly.
Fire/disaster drills not conducted and/or documented.	Missing required personnel records.	Sign in/out procedures not followed.	Center is not clean, safe, sanitary or in good repair.
Accessible detergents, cleaning compounds, medications, hygiene items, sharp implements, and other hazardous items.	Up- to- date menu not posted.	Center is not clean, safe, sanitary or in good repair.	Staff acting as an infant teacher not fully qualified.

Are you a Child Care provider looking for assistance to come into compliance with these or other issues? Please contact the Child Care Advocates Program [ChildCareAdvocatesProgram@dss.ca.gov](mailto:ChildCareAdvocatesProgram@dss.ca.gov). Data published by the Quality Assurance Unit, February 2015. More information available online at: <http://cclcd.ca.gov/PG417.htm>

## IMPORTANT INFO AND PHONE NUMBERS

Centralized Complaint & Information Bureau (CCIB)	1-844-538-8766
Child Care Advocate Program	916-651-6712
Child Protective Services	916-875-5437
Caregiver Background Check Bureau	1-888-422-5669
CA Child Care Resource and Referral Network	1-415-882-0234

### Centralized Complaint & Information Bureau (CCIB)

#### **If you SEE something, SAY something**

The [Centralized Complaint and Information Bureau](#) (CCIB) is now up and running. CCIB fields the complaint/concern calls statewide that used to go to the regional offices, Officer of the Day lines. There is a [poster](#) with the hotline information available on our website. The poster is not a required posting for child care, but the number should be made available. We recommend updating the contact information at the bottom of the Parent's Rights poster to reflect the new number to call. The CCIB phone number is:

**1-844-LET-US-NO**  
(1-844-538-8766)

### Do You Have Ideas for Future Updates?

Please send ideas, questions, and comments to [ChildCareAdvocatesProgram@dss.ca.gov](mailto:ChildCareAdvocatesProgram@dss.ca.gov)

## Licensing Program Analyst Exam

The Licensing Program Analyst (LPA) open examination bulletin is posted at the following location:

<https://jobs.ca.gov/JOBSGEN/4PB34.PDF>.

The California Department of Human Resources (CalHR) is offering the above examination to everyone that qualifies. Applicants for the LPA examination will apply online, take the Training and Experience Evaluation examination, and receive their results immediately. Applicants will self-certify they meet the minimum qualifications and the qualifications will be verified at the time of hire. The names of successful competitors will be merged onto the eligible list in order of final scores, regardless of test date. Upon successful completion of the examination, competitors will have 12 months of eligibility. All list appointments to this classification will be from the new list. **If you have current list eligibility from the previous examination administered on January 11, 2014, you must take this new examination to maintain list eligibility.**

### 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**

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