



Child Care Licensing Regulation



Information Package



CHILD CARE LICENSING REGULATION: *AN INTRODUCTION*

The adoption of the new *Child Care Licensing Regulation (CCLR)* is an important milestone for community care licensing across the province in that it marks a shift in the child care licensing framework to bring it into alignment with the outcome-based *Community Care and Assisted Living Act (CCALA)*.

PROVINCE-WIDE PUBLIC CONSULTATION

The process to review and renew the CCLR began in the Fall of 2004, shortly after the proclamation of the CCALA. The first step in the process was to establish an Inter-Ministry Steering Committee, which included representation from all ministries involved in child care. This committee reviewed the 2004 Regulation and examined research and trends, as well as policies and practices in other jurisdictions.

The next step was to conduct a province-wide public consultation. This consultation included 31 consultation sessions in 15 communities across the province, an online consultation forum on the Ministry of Health website, and focus groups with key stakeholders. The consultation also engaged early childhood educators, licensees, regional licensing managers and staff, parents, and child care organizations, including the Provincial Child Care Council. In total, more than 1,200 people participated in the consultation.

When the input from the consultation was analyzed, key themes emerged. With respect to community care facilities licensing generally, participants indicated that the regulations should reflect the direction and spirit of the CCALA: adding flexibility and reducing barriers to complying with the regulations.

Key goals identified were:

- Protecting health and safety
- Reflecting evidence-based decision-making
- Where appropriate, ensuring that regulations are outcome-focused
- Keeping regulations achievable for operators
- Providing flexibility in unique situations, while ensuring health and safety are not compromised



Specific comments related to the child care licensing regulation included:

- Increasing training requirements for family child care providers
- The need for changes to early childhood educator renewal training requirements
- Increasing preschool child-to-staff ratios
- Providing more flexibility in work experience requirements for early childhood educators
- Changing the language describing special needs children to reflect the fact many attend regular child day cares
- Clarifying requirements for single theme/skill-based activities, such as recreational activities
- Including a multi-age category for child care services
- Combining emergency care, childminding and ski hills under a single category

The new CCLR reflects much of what was heard through the consultation

PURPOSE OF THE REGULATION

The purpose of the CCLR is to ensure the provision of quality child care services in British Columbia.

Protecting the health and safety of children in care continues to be the primary purpose of the CCLR. The CCLR, combined with other regulatory requirements, including for example, building and fire safety codes, environmental health codes, and zoning provisions, define the minimum health and safety requirements for the provision of care.

In addition to the traditional focus on health and safety, the new Regulation also places emphasis on providing opportunities for social, emotional, physical and intellectual growth. There is now a specific reference to this requirement that applies to all child care programs in Section 43.

Taken together, the provisions of the renewed CCLR have been crafted to provide assurance of the quality of licensed child care facilities in British Columbia: to parents as well as the public.

PRESCRIPTIVE AND OUTCOME-BASED PROVISIONS

The provisions in the CCLR can be classified as either prescriptive or outcome-based. Prescriptive provisions detail specific and precise requirements and there is no flexibility or discretion allowed in meeting these provisions. Examples of prescriptive provisions in the new CCLR include the requirement that young infants be placed on their backs for sleeping and the requirement that hot water not exceed 49 degrees Celsius. Outcome-based provisions, on the other hand, detail what is to be achieved, and allow for flexibility in how it is achieved. Examples of outcome-based provisions include the provisions regarding sleeping arrangements, medication storage and nutrition.

In the new CCLR, the majority of the provisions are outcome-based; in fact many of the prescriptive provisions found in the 2004 CCLR in the new Regulation are outcome-based.

ROLES AND RELATIONSHIPS

It is anticipated that as a consequence of the new outcome-based regulatory environment, roles and relationships will change and evolve. This is due to the fact that the 'right or wrong' approach that prevailed under the former prescriptive regulatory framework has been replaced by an environment that allows for more flexibility and adaptability in meeting the needs of the children in care.

Licensees

Under the new CCLR, the focus is on achieving the outcomes and intent outlined in the Regulation. Recognizing that what may work for one facility, one group of children or one child may not work for others, the Regulation empowers licensees through providing more flexibility to develop and design plans and programs that will work in their facility. With respect to the outcome-based provisions of the CCLR, licensees will have more freedom to be innovative and creative in planning and programming. With this flexibility and freedom, however, comes the expectation that the plans and programs developed will be based on sound evidence; from the child care sector, early childhood education field or related disciplines. It is for this reason that the CCLR places increased emphasis on training and professional development for licensees and child care facility staff.

Quick Facts:

- There are over 6,000 licensed child care facilities in BC
- These facilities provide over 80,000 licensed child care spaces

Licensing Officers

Protecting the health and safety of children in care through monitoring compliance with the CCLR continues to be the fundamental mandate of the health authority's licensing officers. In the new outcome-based regulatory environment, however, the approach to monitoring compliance is not the same as under the former prescriptive regulation. Given the degree of flexibility granted to licensees in developing plans and programs, licensing officers will be looking to ensure that the evidence upon which they were based is credible. They will also need to assess whether the plans and programs are appropriate in light of the needs of the children in care. Given that each facility – the children in care, the qualifications and experience of the staff, the physical environment, the programming – is different, each facility will be monitored and assessed on a case-by-case basis.

The Relationship between Licensees and Licensing Officers

Licensees and licensing officers share two common interests; to ensure that children in care are safe from harm and that they have opportunities for social, emotional, physical and intellectual growth.

The new outcome-based CCLR has the potential to change significantly the relationship between licensees and licensing officers. With the recognition that there may be several different ways a licensee can achieve the outcomes intended in the Regulation, it is anticipated that the relationship will focus much more on discussions and assessment of the licensee's plans and programs. The new Regulation creates opportunities for a relationship based on mutual learning, education and collaboration rather than on focused on rule-based enforcement.

That said, what does not change under the new Regulation is the requirement for licensing officers to deal quickly and effectively with situations that pose immediate risk to the health and safety of children in care.

FACILITY INSPECTIONS

The new outcome-based regulatory framework recognizes that each facility is unique. Factors contributing to this uniqueness include the age mix and needs of the children in care, the qualifications and experience of staff, and the indoor and outdoor physical environment. Facility inspections will reflect this uniqueness. Because no two facilities are alike, both licensees and licensing officers must look at each situation individually, resisting the temptation to apply a 'cookie-cutter' approach to an issue or compare facilities.



PROGRESSIVE ENFORCEMENT

British Columbia can be proud of the quality of child care in the province. Most child care licensees in BC are in compliance with the Regulation most of the time. There are, however, instances where non-compliance becomes problematic. In these cases, the Regulation envisions that a program of progressive enforcement will be put into place.

The Appeal Board recently recognized that the proper role of licensing officers involves a component of education and guidance and that progressive enforcement techniques should be used to demonstrate standards required of licensees. Although the process may vary in each health authority, the progressive enforcement methods employed by licensing officers to seek compliance with the CCLR are, generally speaking:

1. Verbal warning
2. Written warning
3. Amendment of license terms and conditions
4. Suspension or cancellation of licenses

Licensees can expect that, except in unusual or high risk circumstances, licensing officers will first seek compliance through educative approaches such as discussion of the outstanding issues and the provision of information. Where this does not lead to resolution, this may be followed by verbal, and/or written warnings. If compliance is not achieved, and there is a risk to the health and safety of children, the next steps may include taking action against a licence, such as setting terms and conditions, and so on.

It is important that licensees who find themselves in this situation understand the nature of the progressive enforcement process, specifically that where the health and safety of children is at risk and there is failure to achieve compliance, this will lead to progressively more serious warnings that may culminate in suspension or cancellation of the license.

As noted previously, taking into consideration the decision by the Appeal Board, it is anticipated that under the new CCLR licensing officers will increasingly provide education and guidance in these circumstances and it is anticipated that in many instances achieving compliance will involve collaboration between licensees and licensing officers to identify acceptable solutions.



Where to find it! *The BC Child Care Licensing Regulation at a Glance*

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FREQUENTLY ASKED QUESTIONS

How will this new Regulation affect the number of child care spaces available?

The *Child Care Licensing Regulation (CCLR)* aims to increase spaces and improve flexibility for family child care providers.

Flexibility will be improved as family child care providers are no longer required to hold two spaces for school age children; a provision in the old Regulation that had the potential to force licensees to run below capacity if they did not have school age children to fill them. Under the new Regulation, these spaces can now be filled with children between 2 and 5 years of age.

In addition, it is anticipated that many operators of family child care facilities who already have their Early Childhood Educator (ECE) Licence to Practice will wish to become licensed as an in-home multi-age child care facility. Under this new licence category they will be able to care for an additional child.

What are the professional development requirements under the new Regulation? Why have these changes been introduced?

The increased professional development requirements in the new Regulation are intended to enhance quality care for children. It is important that people who work with children have current training and continue to update their skills, so that children who attend child day care receive the best possible care and have a healthy start in life. It is for this reason that the CCLR places increased emphasis on training and professional development for licensees and child care facility staff.

To this end, there are increased professional development requirements for care providers. ECEs need to complete 40 hours of professional development and 400 hours of work experience before their five-year licence to practice can be renewed.

Also, to be considered as a “responsible adult” a person will need to have completed 20 hours of relevant training. Some “responsible adults” may already have acquired 20 hours of training over the course of their employment in the child care field, in which case they may not be required to take more training in order to comply with the Regulation.

Professional development courses and opportunities can be accessed in many different ways, including Internet access to online training, evening or weekend courses.



Is there a transition period that will permit those persons already employed as a “responsible adult” to come into compliance with the requirements for a “responsible adult”?

No, there is no transition period specified within the Regulation, however, the Ministry of Health, Community Care Facilities Branch recognizes that it takes some time to find appropriate courses, enroll in them and complete them. Licensees should develop training plans with staff who may not have yet met this requirement.

How do the new Regulations help address the shortage of qualified child care staff?

New graduates of an ECE program can now be counted as qualified employees in the child-to-employee ratios while completing the required 500 hours of work experience needed to obtain a full five-year ECE Licence to Practice.

In addition, a person trained and certified as an ECE by other provinces will immediately be eligible under the new one-year certificate, and will be able to obtain a five-year licence after completing the 500 hours of work experience.

Is a recent graduate of an ECE program ready to be included in the staff-to-child ratio as the new Regulation will allow even though they are still completing their 500 of work experience?

The ECE training programs enable even new child care workers to provide for the safety and well-being of children in care.

I have my ECE Licence to Practice. How do I apply for a licence for an In-Home Multi-Age Child Care?

The application for an in-home multi-age child care licence must be made to the health authority licensing program in the form which they have specified. The application must meet all of the requirements for in-home multi-age child care as set out in the Regulation.

Why are ECEs allowed to have an additional child in in-home multi-age child care?

The new Regulation recognizes that ECEs have taken training specializing in the care and education of young children. The number of children an ECE can care for in their home setting is now the same as an ECE is allowed to care for in a group child care setting.
























What are the age combinations possible in family child care when one of the children is a child under 12 months old?

There are three combinations possible in family child care when one of the children is a child less than 12 months old:

1. A provider may care for *one* child who is under 12 months old, *two* children who are between 12 months and 48 months old, and *four* children who are between 48 months and 12 years old.
2. A provider may care for *one* child who is under 12 months old, *one* child who is between 12 months and 48 months old, and *five* children who are between 48 months and 12 years old.
3. A provider may care for *one* child who is under 12 months old, and *six* children who are between 48 months and 12 years old.

The table below is a diagrammatic representation of these combinations.

Family Child Care: one child less than 12 months old

Combinations of ages and number of children where one child is under 12 months old	Under 12 months old	Between 12 months and 48 months old	Between 48 months and 12 years old
1.		 	   
2.			    
3.			     












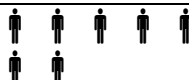
What are the age combinations possible in family child care when none of the children is a child under 12 months old?

There are five combinations possible in family child care when none of the children is a child less than 12 months old:

1. A provider may care for *two* children who are between 12 months and 24 months old, *two* children who are between 24 months and 48 months old, and *three* children who are between 48 months and 12 years old.
2. A provider may care for *one* child who is between 12 months and 24 months old, *three* children who are between 24 months and 48 months old, and *three* children who are between 48 months and 12 years old.
3. A provider may care for *no* children who are between 12 months and 24 months old, *four* children who are between 24 months and 48 months old, and *three* children who are between 48 months and 12 years old.
4. A provider may care for *one* child who is between 12 months and 24 months old, *one* child who is between 24 months and 48 months old, and *five* children who are between 48 months and 12 years old.
5. A provider may care for *no* children who are under the age of 48 months, and *seven* children who are between 48 months and 12 years old.

The table below is a diagrammatic representation of these combinations.

Family Child Care: no child under 12 months old

Combinations of ages and number of children where no child is under 12 months old	Between 12 months and 24 months old	Between 24 months and 48 months old	Between 48 months and 12 years old
1.			
2.			
3.			
4.			
5.			






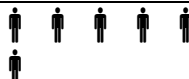

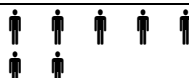
What are the age combinations possible in multi-age child care and in-home multi-age child care when one of the children is a child under 12 months old?

There are three combinations possible in multi-age child care and in-home multi-age child care when one of the children is a child less than 12 months old:

1. A provider may care for *one* child who is under 12 months old, *two* children who are between 12 months and 36 months old, and *five* children who are between 36 months and 12 years old.
2. A provider may care for *one* child who is under 12 months old, *one* child who is between 12 months and 36 months old, and *six* children who are between 36 months and 12 years old.
3. A provider may care for *one* child who is under 12 months old, and *seven* children who are between 36 months and 12 years old.

The table below is a diagrammatic representation of these combinations.

Multi-Age Care and In-Home Multi-Age Care: one child under 12 months old

Combinations of ages and number of children where one child is under 12 months old	Under 12 months old	Between 12 and 36 months old	Between 36 months and 12 years old
1.			
2.			
3.			








What are the age combinations possible in multi-age child care and in-home multi-age child care when none of the children is a child under 12 months old?

There are four combinations possible in multi-age child care and in-home multi-age child care when none of the children is a child less than 12 months old:

1. A provider may care for *three* children who are between 12 months and 36 months old, and *five* children who are between 36 months and 12 years old.
2. A provider may care for *two* children who are between 12 months and 36 months old, *six* children who are between 36 months and 12 years old.
3. A provider may care for *one* child who is between 12 months and 36 months old, and *seven* children who are between 36 months and 12 years old.
4. A provider may care for *no* children who are between 12 months and 36 months old, and *eight* children who are between 36 months and 12 years old.

The table below is a diagrammatic representation of these combinations.

Multi-Age Care and In-Home Multi-Age Care: no child under 12 months old

Combinations of ages and number of children where no child is under 12 months old	Between 12 and 36 months old	Between 36 months and 12 years old
1.		
2.		
3.		
4.		

Where a provision is outcome-based, who determines if the outcome has been achieved?

It is up to the statutory decision-maker (the Medical Health Officer or the Licensing Officer) to make this determination. Recognizing that no two facilities are the same, in the new outcome-based regulatory environment this determination will be made on a case-by-case basis.

Which provisions in the new CCLR can be exempted? How do I apply for an exemption?

Under the *Community Care and Assisted Living Act* the power to grant exemptions to requirements in the Act or Regulation rests with medical health officers. A medical health officer may grant an exemption to a licensee or applicant who applies for an exemption, if he/she is satisfied that there will be no increased risk to the health and safety of persons in care and the exemption meets prescribed requirements. Medical health officers may also attach terms and conditions to the exemption and suspend, cancel or vary an exemption.

Applications for an exemption should, therefore, be made to the medical health officer. Provisions respecting exemptions can be found in Section 16 of the Act and Section 5 of the Regulation. Schedule A of the Regulation lists the sections of the Act and Regulation that cannot be exempted.

What is a care plan? When is it needed?

A care plan is required for each child requiring extra support, meaning a child who, for physical, intellectual, emotional, communicative or behavioural reasons, requires support or services that are additional to, or distinct from, those provided to other children. The purpose of a care plan is to guide staff in the delivery of care and services. A care plan identifies risks, needs and preferences of the child. Section 58 of the Regulation outlines what must be included in the care plan and how it is to be developed. Care plans must be reviewed at least once each year with a parent of the child and any person requested by the parent.

Why have the emergency response provisions been changed and expanded?

Over the past several years, a number of communities in BC have experienced emergency evacuations due to forest fire or flood. The emergency response provisions in the new CCLR have been changed and expanded in response to the learnings from those experiences. The new Regulation requires an emergency plan that sets out procedures to prepare for, mitigate, respond to and recover from any emergency. Each employee must practice implementing the emergency plan at least once each year. The new Regulation also requires a fire drill system, approved by a local assistant within the meaning of the *Fire Services Act*. Each employee must practice the fire drill system at least once each month. The emergency training and equipment provisions can be found in Section 22 of the CCLR. It is further required that the practices of these systems are documented as outlined in Section 56(c).

Why have changes been made to the requirements around outdoor play areas? How do these changes fit together?

In the new CCLR, a number of the provisions dealing with the requirements for outdoor play areas are new, which has had an impact on the provisions regarding the program of activities for physical development (Schedule G) and the requirements for application (Schedule B).

These changes evolved largely in response to two emerging trends. The first trend is that a growing number of families in BC live in high density urban communities where residential buildings do not provide outdoor areas suitable for use as a child care play space. The second trend is that an increasing number of employers are interested in providing child care for their employees at work sites, and that in many of these cases there is no suitable outdoor play area available (e.g. lumber mills, downtown offices, malls).

The program standards in the new CCLR around physical development have not changed; the intent continues to be to encourage the physical development of children. Under the Regulation, licensees, except those providing Occasional Child Care, must ensure that a program of activities is provided, including indoor and outdoor activities that promote the development of large and small muscle skills appropriate to each child's level of development. Schedule G, Section 1, which identifies the standards for a program for the physical development of children, does not, however, require daily outdoor activity.

In response to the need to need to accommodate emerging trends while maintaining the standards for a program of activities for physical development, the new Regulation provides increased flexibility.

An individual applying for a licence for a location where there is no outdoor play area available must, in keeping with Schedule B, Section 8, provide a written activity plan that describes how the program standards in Schedule G will be met. The application must also specify any community services that will be used, including visits to parks, pools or recreation centres. This applicant must also address the need for a transportation safety plan as outlined in Schedule B, Section 7.

An individual applying for a licence for a location where an outdoor play area is available, but is outside the property boundaries, must meet the requirements outlined in Schedule B, Section 6. This section requires a site plan, drawn to scale, showing the location of the facility, property boundaries, routes to the outdoor play areas and activities and major features along the routes or in the area that may affect the safety of children. In this scenario, a written activity plan regarding Schedule G, Section 1 is not required.

An individual applying for a licence for a location where the outdoor play space is adjacent to the facility must still meet the requirements outlined in Schedule B, Section 6, but doing so will be much less complex as the play area is within the property boundary. No written activity plan regarding Schedule G, Section 1 is required.

What is the definition of a child of school age? In particular, is a child who is enrolled in kindergarten in September considered school age prior to the first day of kindergarten? If so, when would they be considered school age?

A child must be attending school to be considered school age. A kindergarten child is not considered to be attending school until September of the year they are enrolled.

Can a pre-school age child attend Group Child Care (School Age)?

Based on the definitions of "preschool child" and "Group Child Care (School Age)" a pre-school age child cannot attend the program.

TIPS ...

FOR READING THE COMMUNITY CARE AND ASSISTED LIVING ACT AND CHILD CARE LICENSING REGULATION

As a child care facility licensee, you will want to become knowledgeable about the *Child Care Licensing Regulation* and the *Community Care and Assisted Living Act* for direction and guidance. When doing so, it is important to remember that the Act and Regulation work together and that each section and provision is part of the larger whole. It is often the case that reading a specific section and provision in isolation may not provide the full understanding intended. The purpose of this information is to outline an approach that may assist you in reading and understanding this legislation.

- Read the section of the Act or Regulation you are interpreting a few times to reach a preliminary understanding of what it says.
- Read the table of contents of the Act and Regulation noting how they are organized in order to understand which other sections may apply.
- Read any other sections of the Act and Regulation to which the provision you are interpreting refers.
- Identify the most significant words in the section you are interpreting.
- Read the definitions sections in the Act and Regulation to determine if the words in the section you are interpreting are defined. If not, you may wish to consult interpretation guides such as dictionaries. Remember that the Act and Regulation have been written in plain language, and should be interpreted using plain language meanings.
- Skim the entire Act and Regulation so that you understand how they operate as a whole, and to ensure that there are no other relevant provisions.
- If it is still ambiguous, you may wish to consult other resources, both written and expert, regarding the intent of the section.





The Best Place on Earth

Helpful Resources

Community Care Facilities Licensing

www.health.gov.bc.ca/ccf/

Call Enquiry BC toll free at 1800 663 7867 (or at 604 660 2421 in the Lower Mainland) and ask to be connected to: (250) 952-1469

ECE Registry

www.mcf.gov.bc.ca/childcare/ece/

Call Enquiry BC toll free at 1800 663 7867 (or at 604 660 2421 in the Lower Mainland) and ask to be connected to: (250) 952-1726

Criminal Records Review Program

www.pssg.gov.bc.ca/criminal-records-review/about/index.htm

Call Enquiry BC toll free at 1800 663 7867 (or at 604 660 2421 in the Lower Mainland) and ask to be connected to: (250) 387-6981

Emergency Management

www.health.gov.bc.ca/emergency/index.html

