



The Latest from Child Care Licensing

Winter 2010 Edition

In this issue

A Message from the Regional
Licensing Manager

Policies and Procedures

Change in Reportable
Incidents

Importance of reducing
Trans Fat

Radon: Is it in your home?

The Feeding Relationship

Contacts:

Northeast:
Fort St. John: 250-263-6000
Dawson Creek: 250-719-6500

Northern Interior:
Prince George: 250-565-2150

Northwest:
Terrace: 250-631-4222
Smithers: 250-565-2150

A Message from the Regional Manager, Community Care Licensing

I am pleased to offer you this mid winter edition of our newsletter. I hope the New Year is treating you well. In this newsletter, we have introduced a new aspect to the content. One of our Environmental Health Officers, Angela Wheeler will be contributing to our newsletter on a regular basis. Environmental Health Officers are our resident experts on all matters of communicable disease control, food and water safety, and many other environmental issues that may relate to childcare settings. Angela is also a working mother of two and so understands the challenges that day care providers face in keeping all of their little people safe and healthy.

In this issue, I wanted to provide you a "report card" on our accomplishments through the recent H1N1 pandemic. The first wave of the flu occurred in the spring of 2009; we knew that we had to begin planning for the second wave quickly. Public Health Protection, the team that the licensing officers belong to, created posters, pamphlets, newsletters, and power point presentations with embedded videos for a range of ages.

Hand washing demonstration materials and videos, "Dancing in the Loo" and "Why Don't We Do It In Our Sleeves" were purchased. A Bert and Ernie Puppet Show, stage and props with audio recordings were developed. Over the course of October and November, presentations on sneeze etiquette and hand washing were provided in schools and other venues. Consultation was provided by phone and in person one on one, to larger groups and in meetings. Medical Health Officers met with physicians and regularly updated them over the course of the pandemic. Licensing Officers in some offices

were reallocated to assist wherever possible at immunization clinics.

One of many good outcomes from this experience was the collection of email addresses from the majority of our licensees. We now have electronic distribution lists, which will enable ongoing information distribution to care providers. In addition, teachers report improved hygiene in schools; soap dispensers and hand sanitizers are in place in schools and many other public and commercial venues. Medical Health Officers have identified a subsequent drop in other communicable outbreaks such as Norwalk Viral illness.

What did we learn? Well, you can never start too early with prevention messaging, education and communication. We have developed good relationships with agencies, school districts and other major employers, which proved to be very helpful. Communication is key and partnerships are a must; the health care sector simply cannot do it alone. We look forward to working with our care facilities to improve our service delivery. If you have any thoughts on this, please do not hesitate to discuss them with your licensing officer.

I wish you well,

Sharlene Lively
Regional Manager, Community Care Licensing



Policies and Procedures

A policy is a communication tool which describes important aspects of your care facility. It tells parents what they can expect when you are making decisions regarding the care of their children. A sick child policy is a good example; it is a communication tool that clearly sets out when children may attend the care facility or what steps you will take if they become ill while in care.

Policies and procedures support good child care practices. Policies that are carefully developed and thoughtfully implemented will promote consistent practice amongst employees and when working with other affiliated agencies (e.g. health care workers, supported child care workers, practicum students, volunteers) and will help ensure an efficient and effective delivery of child care services.

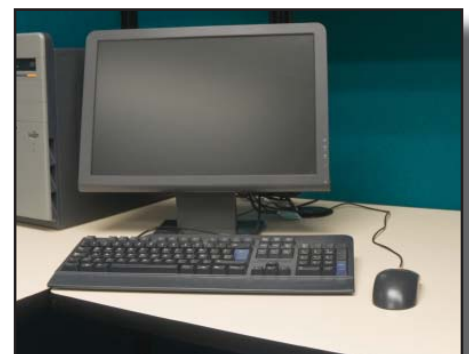
Policies and procedures are not a new concept. Prior to November 2007 the licensee was required to have records and policies for employees and parents on actions related to the safe release of children; guidance and discipline and the facility's repayment agreement for prepaid fees to name a few.

Section 56 of the Regulation outlines a list of required care facility records. Along with other types of records and documents, the list includes policies and procedures for

- the safe release of children;
- to guide employees in care and supervision of children;
- respecting food and drink to be given to children.

Although the list appears to be relatively short, it is an outcome based standard that only you can determine the extent to which it is met. For example, in one facility there may need to be policy in place for a family pet and for another facility, a field trip policy may be important.

To determine which policies you need, you should consider all aspects of your care facility and develop those policies that you need to convey important information to others and to guide decision making amongst child care staff.



What is a policy? What is a procedure?

To assist in developing written policies and procedures, it is important to have a clear understanding of what is a policy and what is a procedure:

A policy is a course of action adopted to achieve a desired outcome – a policy usually describes what must or must not be done and assigns responsibility to someone.

A procedure specifies a sequence of actions undertaken to complete a task – a procedure explains how to do it.

Where to go from here?

By now most licensees will already have written policies and procedures in place, but keep in mind, written policies and procedures are considered a living document, and as care practices and staff change, so should the policies and procedures.

For assistance in developing policies and procedures, check with your local Child Care Resource and Referral Program. There are several resources that can be of assistance as well, check West Coast Child Care Resources at www.wstocast.org/marketplace.html and BC Aboriginal Child Care Society at www.acc-society.bc.ca/files_new/resources.html. And as always, if you have any questions contact your local licensing officer. We are here to help.

Change in Reportable Incidents

There are two new definitions that have been added to the list of reportable incidents:

“choking” means a choking incident involving a person in care that requires emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital;

“food poisoning” means a food borne illness involving a person in care that requires emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital;

For a complete list of reportable incidents refer to Schedule H of the Child Care Licensing Regulations (Oct 2009). Also, the list and definitions are located on the back of the Incident Report Form for a quick reference.

Blank forms can be obtained from your local Licensing Program and/or downloaded and printed from the Northern Health - Community Care Licensing website at www.northernhealth.ca.

Don't forget, reportable incidents must be reported to your local Licensing Program within 24 hours and parents/emergency contact must be notified immediately. For further details on standards for notification of illness and/or injury, refer to section 55 of the Regulations.

A note from Environmental Health on the importance of reducing Trans Fat

Trans fats have been a mainstay in the Canadian diets for many years. Trans fats are formed through a process called hydrogenation in which the addition of hydrogen to liquid oils creates a more solid fat. Hydrogenated fat products became popular because they proved to have a longer shelf life and were more stable in for deep frying. Industrially produced trans fats appeared in a wide variety of food items; commercial baked goods, fried foods, crackers, cookies and of course our spreadable margarines. In fact, many of us probably grew up in households that used only margarine and shortening.

Trans fats are also formed in ruminant animals however the structure is different and researches believe the natural fat to be less damaging than the industrial fat.

The WHO recommends the intake of trans fat be less 1% of our daily energy intake. Currently Canadians consumption of trans fat is about 4% of their total daily energy intake or about 3-9 grams. Although this is about a 40% decrease from 10 years ago, we still have a way to go to reach the WHO recommended level.

On September 30, 2009 British Columbia became the first province in Canada to restrict the amount of trans fat in food products in restaurants. Part of my job as an EHO is to ensure that food establishments in this region are meeting the new requirements.

The food industry is also changing the fat it uses in its products. You will notice many products on the grocery store shelf that are trans fat free. However, trans fat may be present in food items that we might not consider when we are shopping. For example pancake mixes, cake mixes, and frostings, stove top stuffing, breaded frozen chicken and fish strips and microwave popcorn can all be high in trans fat.

When looking for trans fat in a product start with the list of ingredients that is found on the packaging. Words such as "hydrogenated", "partially hydrogenated", "margarine" and "shortening" listed in the ingredient list will indicate the presence of industrial produced trans fat in that product. To find out how much trans fat is present check the Nutrition Facts sheet. The number of grams of trans fat per serving size will be listed on this sheet. Keep in mind the serving size is often a lot smaller than the total package size. The example shown here is for breaded chicken burgers. Each patty contains 1 gram of trans fat. By substituting this product for another variety or making the burgers at home you can reduce your daily intake of trans fats.

Nutrition Facts	
Per 1 burger (130 g)	
Amount	% Daily Value
Calories 200	
Fat 9 g	14 %
Saturated Fat 2 g	
+ Trans Fat 1 g	15 %
Cholesterol 70 mg	
Sodium 800 mg	33 %
Carbohydrate 4 g	1 %
Fibre 0 g	0 %
Sugars 0 g	
Protein 25 g	
Vitamin A 0 %	Vitamin C 0 %
Calcium 4 %	Iron 2 %

Tips for reducing trans fats:

1. Bake from scratch using butter and lard instead of margarine and shortening.
2. Use trans fat free margarine.
3. Reduce the amount of processed foods served.
4. Read the labels.

RADON: IS IT IN YOUR HOME?

Radon is a radioactive gas that you cannot see or smell. Exposure to radon is the second leading cause of lung cancer. Radon is naturally occurring and is created as uranium in soils and rocks decay. The gas moves up from the ground into your home through openings such as cracks in the foundation, floor drains and sumps.

As a part of the Northern Cancer Control Strategy, the Healthy Community Environment's Radon program offers radon detectors which you can purchase to test the radon levels in your home. Testing is easy; once the detector is purchased, it is left in the home for three to 12 months and then sent to the lab for analysis. Test results are valuable information for health agencies; this information will allow us to map areas that may be more vulnerable to high levels of radon. Despite this, we respect your privacy and therefore only you and the lab will have the test results. Northern Health will be provided the test result with no identifying information other than the postal code so that we can map these results while ensuring your privacy.

The Canadian Guidelines for radon in dwellings sets a limit of 200 Becquerels/ meter cubed. If radon levels in your home exceed 200 Bq/m³, you may wish to make changes to your home and ventilation system that will help lower the levels. It is important to note that the guideline is based on a lifetime of exposure. Testing radon levels in your home will give you important information to allow you to make health decisions for your own family. Children who attend your daycare spend only a few hours per day and only a few years of their overall life in your home. You will not be required to notify your Licensing Officer of your radon level nor will they require remediation of your home if test results exceed the Canadian Guidelines.

For more information on radon please see the enclosed brochure or contact Northern Health at radon@northernhealth.ca or 250-847-6404.



Radon: Is It In Your Home?

WHAT IS IT?	Radon is a radioactive gas that you cannot see or smell.
WHAT ARE THE HEALTH EFFECTS?	Exposure to radon is the second leading cause of lung cancer.
HOW DOES IT GET IN MY HOME?	Radon is naturally occurring and is created as uranium in soils and rocks decay. The gas moves up from the ground into your home through openings such as cracks in the foundation, floor drains and sumps.
HOW DO I KNOW IF THERE IS RADON IN MY HOME?	Radon levels in your home can be tested with a radon detector. Testing is easy, a detector is purchased, left in the home for three to 12 months and then sent to the lab for analysis.
WHO WILL SEE MY RESULTS?	Only you will have the test results. When you buy a radon detector from Northern Health the only information collected that could identify your location is your postal code, which does not provide a person's address.
WHAT HAPPENS IF RADON LEVELS ARE HIGH IN MY HOME?	The Canadian Guidelines for radon in dwellings sets a limit of 200 becquerels/ meter cubed. If radon levels in your home exceed this limit, you may wish to make changes to your home and ventilation system that will help lower the levels.
WHAT DOES THIS MEAN FOR MY DAYCARE OPERATION?	The guideline is based on a lifetime of exposure, so radon levels in your home is more of a concern for your family, then for the children that spend only a few years at the daycare in your home.
WILL NORTHERN HEALTH MAKE ME TAKE ACTION TO LOWER THE RADON LEVELS?	No. You will not be required to notify the Licensing Officer of your radon level nor will they enforce the need to take action that lowers the radon levels.
WHERE CAN I FIND MORE INFORMATION?	Please see the enclosed brochure or contact Northern Health at radon@northernhealth.ca or 250-847-6404.

The Feeding Relationship

What does a “good eater” look like to you? Most of us would probably answer its someone who eats everything that is served to them, who is adventurous, willing to try new things and isn’t picky about the foods they eat. “Good” eating is about developing competence and a healthy relationship with food in addition to the process of eating.

Research demonstrates during early years children develop preferences and eating patterns which continue throughout their lives. Positive experiences with food are critical for both early childhood development and good lifelong learning habits. Competent eaters grow up with less chance of having weight issues or eating problems later in life.

Ellyn Satter, a registered dietitian and feeding specialist suggests we should all follow the “Golden Rule” for feeding children. You, the parent or caregiver are responsible for what food is served, when it is served and where. The child is responsible for what to eat and how much to eat. In other words, the caregiver’s role is to provide the food and the feeding environment and then to let go. As a caregiver, you trust as long as you are doing your job without interference the child will eat and grow appropriately. As Satter states, “a child can develop into a capable eater only when grownups do their jobs”.

The Division of Responsibility

Parents are responsible for the what, when, and where of feeding.

Children are responsible for the how much and whether of eating.

-Ellyn Satter

Making it Work

Caregivers decide *what* foods to offer:

- Caregivers do the menu planning and grocery shopping and decide what food is brought into the center and put on the table. Adults are role models for children in demonstrating “good” eating habits.
- Offer a variety of foods from all four of the food groups as outlined in Canada’s Food Guide to Healthy Eating.
- Think about foods kids like to eat but don’t limit foods to just those children easily accept. Try new foods. Offer a small amount at first; it can take as many as 17 attempts before a new food is accepted.
- Serve food in a form the child can handle. Eating with hands is okay.
- Get children involved in making meals. Even small children can help out and may take more of an interest in eating something they have helped to make.



Caregivers decide *when* to offer food:

- Children need the routine of regular meals and snacks to grow well. Keeping a schedule helps children to feel safe about eating and keeps them from thinking about food all the time.
- Plan meals and snacks at regular times so children are hungry when it is time to eat and not always eating throughout the day.
- Be consistent and offer food and drinks at meals and snack time and not in between. If a child is thirsty in between meals or snacks, offer water.

Caregivers decide *where* to offer food:

- Children should eat meals and snacks at the table. The table symbolizes the “family” circle and adds a subliminal message of togetherness.
- Sit and eat meals with the children. A meal shared should be a celebration, a special time to come together, eating good food, sharing positive thoughts and lively discussion. (For ideas on social aspects of eating see Food Flair pg. 57)
- Have a pleasant environment. It is easier to eat well when there is food and food feelings.
- Limit distractions that can interfere with eating. Turn off the television, radio and don't answer the phone during mealtimes.
- Mealtimes around a table are a perfect time to teach other skills, emphasize manners “please” and “thank you's” versus etiquette.

Children decide *whether* to eat:

- Children's appetites vary from day to day and week to week. It is normal for a child to eat very little one day and appear to have a “bottomless pit” the next. This is normal.
- Don't coerce, bargain or bribe a child to eat. It never works out favorably to force children to eat.

Children decide *how much* to eat:

- Children know when they are hungry and when they are full. Respect the fact they know their own body cues and try not to pressure a child to “finish his plate” or beg for “just one more bite”.
- Young children have small stomachs and need to eat small amounts more often during the day. Don't overwhelm with adult portion sizes, use child sized portion as outlined in Food Flair (pg 34)

Recommended Reading:

- Canada's Food Guide to Healthy Eating by Health Canada, 1992.
- Secrets of Feeding a Healthy Family by Ellyn Satter, 1999
- Better Together at www.bettertogetherbc.ca , 2010
- Food Flair Early Learning Practitioner's Resource, downloadable pdf copy available online at www.2010legaciesnow.com/leap_bc/ , 2009

Written by:

Sherry Ogasawara BSc, RD, Population Health Dietitian, February 2010

