

“Jumping through hoops”  
Family child care in British Columbia: An institutional ethnography

by

Naomi North  
Bachelor of Arts, University of Victoria, 1996

A Thesis Submitted in Partial Fulfillment  
of the Requirements for the Degree of

MASTER OF ARTS

in the Department of Sociology

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## **Supervisory Committee**

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Dr. Dorothy E. Smith, Supervisor  
**Department of Sociology**

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## **Abstract**

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Employing institutional ethnography, this research is an examination of the everyday activities of mothers who provide licensed family child care in their homes in the southern region of Vancouver Island, British Columbia. From this standpoint, I map the work of being licensed to show how their activities, homes and families become articulated to the textual organization of an institutional matrix of regulation. While the institutional matrix is conceptually organized around ensuring the provision of quality child care, family child care providers' descriptions of their work to maintain licensure illustrate how they find themselves acquiescing to and/ or challenging the ways in which their work is co-ordinated for the administrative purposes of legal compliance with minimum health and safety standards.

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## **Dedication**

I complete this thesis in loving memory of my brother, Zachariah North 1974-2011 (lung Adenocarcinoma) and my sister, Vanessa Inez North 1982-2001 (Acute Myeloid Leukemia), whom I spent much of my childhood and youth taking care of as our single mother struggled, between low-paying work and social assistance, to care for us to the best of her ability.

## **Chapter One: Family child care – An introduction**

Unlatching the gate and entering a large, fenced yard, I make my way up to the front door where several sets of small, but variously sized, children's boots sit on the porch. This is not an unusual sight at any given family home with multiple children in the early spring in Victoria, British Columbia. I came to be standing at this particular door in the springtime of 2010, however, to spend the morning interviewing and observing what it is that a mother doing licensed child care in her home does in her work of caring for multiple children who might range from several months old to 12 years of age. Carly invites me into her home where the first thing I notice is the jacket and shoe cubbies typical of preschools and elementary school classrooms, a sign-in/ sign-out sheet atop the cubbies for parents when dropping off and picking up their children and a Vancouver Island Health Authority Community Care Facility license posted on the wall above. Her home is bright with a spacious front room. A large leather couch is surrounded with little shelves loaded with books and toy boxes open and overflowing – across from which there is a gated and locked fireplace. This room also has a large LCD TV playing cartoons that no one appears to be watching. We continue the tour of her circular main floor into the dining room with high chairs at the big table as well as a child sized table and chairs, more shelves and more toys. As we make our way into the kitchen, her son and the other two year old ask: "snacks?" Carly puts two slices of bread into the toaster, pulls the peanut butter out of the cupboard, pours milk into plastic cups and tells me I can go ahead and set myself up on the couch, she'll be with me in a few minutes. The everyday work of caring for young children is evident everywhere I look.

What is less obvious as I tour through Carly's home is what specifically distinguishes her home – and the work she does therein – as a child care 'facility' as indicated on the license hanging in her entryway hall. I wonder what this license is supposed to tell me about what I see and what happens in this home. I wonder too about the processes behind the innocuously posted paper. What social relations are embedded in the everyday work of mothers, like Carly, doing paid child care in their homes? How do their homes and child care work get (re)organized in the process of becoming a 'facility' and maintaining a license? And, in what ways do their everyday activities function to uphold, mitigate, avoid or even subvert the licensing practices of an institutional matrix of regulation in British Columbia?

Women have always looked after children in our homes, both our own and other people's. We trade care. Sometimes the care we provide is just getting the kids together – my daughter spends the night at her best friend's house and the following weekend their play date turns into an overnight at our house. At other times, we need someone to look after our child/ren as we attend appointments, meetings, dates with partners or the gym, as we do our grocery shopping, deal with emergencies, for respite purposes, among the many other reasons parents require care. Child care is also paid work. We might informally hire someone for a few hours during the day or in the evening. Some families hire women (often from 'developing' nations) as domestic servants and/ or nannies to live in the families' private residences. Paid and unpaid child care work is also done, most often by women, in community centres, neighbourhood houses, churches, shopping centres, recreation centres and various other locations.

Each family negotiates the form that child care work will take based on the particular circumstances and biographies of family members and the links and ties constructed between the family members and the broader society (Griffith, 1995). For example, a single mother working a 9 to 5 job outside the home will negotiate child care differently than a family where the parent(s) do shift work with ever changing schedules with varying hours and days of work. And these families will negotiate child care differently than a family in which a parent works exclusively in the home and where there is a second parent's income that supports the family. Parents, most typically mothers (Creese & Strong-Boag, 2005; Madsen, 2002), negotiate the care of children in a variety of ways.

Providing child care from one's home while caring for one's own children is one way that some families reconcile their need for care and for paid work. Doing licensed family child care, however, is not the same thing as being home with the kids as a parent and/ or babysitting a friend or neighbour's child/ren. Although Carly's activities, in the time that I was present in her home, call to my mind representations of an idealized version of mothering (e.g., the engaged or child-focused 'stay at home' mom depicted on television, in movies and elsewhere), other clues suggested that there was something more happening in this family home. The cubbies and sign-in sheet in Carly's front entry way, the lock on her fireplace, the multiple seating arrangements and types of play spaces for toddlers and preschool children, for example, hint at a particular kind of organization of her home – never mind the license hanging on the wall.

## Family Child Care in British Columbia – A regulatory construction

In the province of British Columbia there is legislation to protect children receiving care in licensed community care facilities. This legislation is the Community Care and Assisted Living Act and the Child Care Licensing Regulation. Individuals providing care to more than two children, not related to them, are required to be licensed (VIHA, 2012a).

In B.C., individuals, typically mothers of young children (Cox, 2005), can legally provide license-not-required<sup>1</sup> care in their own homes for up to two children – or a single sibling group – unrelated to the care provider by blood or marriage. Those who provide paid, home-based child care are commonly understood to be doing *family child care*. *Family child care*, as defined in the Child Care Licensing Regulation (CCLR),<sup>2</sup> is a program in which the care provider: (i) is a responsible adult, and (ii) personally provides care, within their personal residence, to no more than 7 children (including the care provider's own children).<sup>3</sup> The legislation defines a *responsible adult* as an individual who: is at least 19 years of age; is able to provide care and mature guidance to children; has completed a course, or a combination of courses, of at least 20 hours duration in child development, guidance, health and safety, or nutrition (in addition to having completed

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<sup>1</sup>This form of child care also gets referred to as *unlicensed* family child care. For the purposes of this discussion, however, *family child care* refers to the regulatory definition as described in this section. License-not-required family child care refers to those child care providers who operate within the bounds of the legal limits set for those settings. *Unlicensed* family child care refers to those family child care providers who are operating outside the legal parameters (e.g. those child care providers who have more children in their care than is legally permitted without licensure).

<sup>2</sup> The B.C. Child Care Licensing Regulation (CCLR) is a legislative document that is subsidiary and supplemental to the B.C. Community Care and Assisted Living Act.

<sup>3</sup>B.C. CCLR. Reg. 232/ 2007, O.C. 728/2007 – As amended: B.C. Reg. 202/2011, January 1, 2012.

appropriate first aid training); and, has the relevant work experience.<sup>4</sup> In 2007, a new child care program category of *In-Home Multi-Age Child Care* was added to the CCLR. This new category enables licensed early childhood educators<sup>5</sup> to have eight children in their home-based child care ‘facilities’ rather than the seven allowable under the category of family child care. Through the legislated definition of family child care (and In-Home Multi-Age Child Care) – and the concomitant regulatory requirements specified in various legal, policy and/ or administrative documents – the everyday work of mothers who provide child care from their homes is removed from the informal realm of (economic) activity women have always done in and for their communities and becomes legally situated in a regulatory matrix that (re)organizes the possibilities of their child care work.

Licensing is a regulatory process that an individual, organization, or business undergoes to demonstrate compliance with jurisdictional laws, commensurate standards of practice and/ or professional requirements. The *Community Care and Assisted Living Act* (CCALA) together with the CCLR is the legislation that has been enacted to “ensure the provision of quality child care services” (B.C. MoH, 2008:3).<sup>6</sup> Through the CCALA, the CCLR and other policy documents, the everyday work of providing child care in one’s home comes to be legally understood as *family child care* and one’s home becomes

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<sup>4</sup>B.C. CCLR. Reg. 232/ 2007, O.C. 728/2007 – As amended: B.C. Reg. 202/2011, January 1, 2012.

<sup>5</sup> There are two types of licensing common in the field of child care in B.C. Under the authority of the B.C. Ministry of Health, there is the licensing of the child care facility – the specific location and owner/ operator of a child care site (eg. the family child care home). This is the type of licensing primarily discussed in this inquiry. Under the authority of the B.C. Ministry of Children and Families (MCFD), individuals who hold a certificate or diploma in early childhood education can apply for a License-to-Practice. Upon approval of credentials and verification of 500 hours of supervised work experience, the successful applicant will be registered through MCFD as a licensed early childhood educator.

<sup>6</sup> B.C. MoH. (2008). Child Care Licensing Regulation - Information package. Retrieved from <http://www.health.gov.bc.ca/ccf/legislation/>. Listed under Child Care Licensing Regulation as “Licensee information package.” Retrieved on August 2, 2012.

legally construed as a licensed *facility* as delimited by the particular quality standards of B.C.'s institutional matrix of regulation (including government and public service officials, medical health officers, and health authority staff among others).

The regulation of child care facilities falls under the responsibility of the B.C. Ministry of Health (MoH). Both the CCALA and the CCLR represent the work of people in the Home, Community and Integrated Care Branch of the MoH. Under the prescriptive and guiding authority of this legislation and that of the provincially appointed Director of Licensing and other staff, regulation of child care is operationalized through the work of Community Care Facilities Licensing Programs delivered by regionalized health authorities<sup>7</sup> contracted with the provincial government. The purpose of the health authority run Community Care Facilities Licensing Program (CCFLP) is to assess and process applications for facility licenses and to monitor licensees. The work of the CCFLP licensing officers and other licensing staff is guided by legislation, standards, policies and practices produced by people in various government and health authority offices oriented to protect the health and safety of children, as vulnerable individuals, in child care settings. On Vancouver Island, the Vancouver Island Health Authority (VIHA) operates four CCFLP offices covering the north, central and south regions of the island. Upon being licensed, a licensee – such as a licensed family child care provider – is deemed to have met appropriate health and safety standards for children receiving care in a community care facility.

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<sup>7</sup> There are five regional health authorities in B.C.: Northern Health, Interior Health, Vancouver Coastal Health, Fraser Health, and Vancouver Island Health. This research focuses on the licensing practices of the Vancouver Island Health Authority (VIHA).

## **A context of (family) child care in B.C.**

...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 (MoH, 2008a:3).

After a decade of budget cuts and failed policies, B.C. families still struggle daily to find quality, affordable child care while they work or study.... Unfortunately, B.C.'s child care crisis has gone from bad to worse. Fees are too high, waiting lists too long and early childhood educators' wages are too low (Chudnovsky, 2010).

Carly's child care labour, like the other informants in this inquiry – and those in my earlier research on family child care (North, 2007), is pulled into the market economy not entirely by choice. The provision of family child care is a means through which these women manage their simultaneous needs to financially support their families and ensure care for their children. In B.C., as in much of the rest of Canada, child care advocates, researchers, parents, and some politicians describe the situation of child care as being “in crisis” and operating as a “patchwork of services” rather than as a comprehensive child care system (Chudnovsky, 2010; Mahon, 2005; Prentice, 1999, 2001; among others).<sup>8</sup>

Low and middle income families rely on the availability, accessibility and affordability of quality child care to be able to work in the myriad ways and for the myriad reasons parents work – in whatever form ‘work’ might take. In the absence of government policy and dedicated funding to ensure an effective child care system, the

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<sup>8</sup> In an informal conversation, a Vancouver Island based child care advocate stated to me that she believed the “crisis in care” (indicated by the growing need for and increasingly limited availability of non-parental child care arrangements) meant that we “cannot even begin to talk about quality [because] there are not enough child care spaces” (journal notes – 2009).

delivery of child care has been left to the private market to respond to the community need. Without parental leaves that could truly support families, and universally accessible, affordable child care for those who need it, families must make do with the available market-based care and/ or create whatever child care strategies they can manage (Madsen, 2002; Prentice, 2006). Embarking on a discussion in any way concerning the provision of paid child care is complicated by: the material realities of families' needs for care (Chudnovsky, 2010; Creese & Strong-Boag, 2005; Tuominen, 2003; Weigt, 2002); theoretical ideation about who should provide care and how care should be provided (Madsen, 2002; Kershaw, 2005; Tipson, 2001; Tronto, 2005; Vosko, 2002); and, political will and commitment as entrenched in and authorized by laws and policy (Collier, 2001; Mahon 2005; Kershaw, 2004; Prentice, 2001).

Comparative family policy literature clusters Canada with the US, Australia, New Zealand (and to a lesser extent the UK) as liberal welfare democracies. Epsing-Anderson's (1990, 1999) regime cluster work suggests that these countries diverge from their continental European counterparts in terms of the primacy they assign to the private market to mediate the distribution of social benefits across society. "Preoccupation with market efficiency motivates a stronger cultural commitment in Anglo-speaking nations to a circumscribed state that limits its attention primarily to regulating the relations of exchange and enforcing property rights in social conditions of scarcity, rather than institutionalizing social benefits that may generate incentives that will incline citizens to opt for state assistance over self-reliance or waged work" (Kershaw, Forer & Goelman, 2005: 417). Researchers following Epsing-Anderson's model of analysis illustrate the cultural and institutional characteristics that inform and support liberal regime

governments' decisions about family policy, including child care (Henderson & White, 2004; Madsen, 2002; Mahon, 2005; White, 2002; Orloff, 1993; Olsen, 1994; among others).

### **The business of regulated child care**

Even as some of the informants in this inquiry tell me about 'loving the work' that they do and/ or, at times, talk about their work in ways that allude to, support or reinforce an image of doing the work of mothering, these women clearly experience family child care as different from their unpaid motherwork and as more than a fulltime job. Their work, after all, includes not only caring for and about young children, but all the effort, consideration and requirements of running a small business (Cox, 2005) – from the acquisition of a business license and a child care facility license to planning (and all the multi-layer complexities therein), preparations for and delivery of service, negotiating with their clients (the families whose children come to be in their care), tracking and managing finances in accordance with Canadian taxation laws as well as operating within regulatory requirements, among other facets of running a small business.

The family child care providers whose expertise and experiences form the basis of this inquiry are business people, concerned as much with fair and manageable fee prices for families needing child care as with how to earn a viable living on what they believe they can charge. This is primarily what drives these family child care providers to move from the license-not-required world (of legally caring for no more than two children and/ or one sibling group unrelated to themselves) to the licensed world of family child care provision. With more children in care, family child care providers can better keep their fees to a rate that they feel more comfortable charging.

The decision to become licensed, driven by financial considerations on the part of mothers trying to support their families, hooks these family child care providers' homes and everyday child care work into the extended institutional matrix of regulation in B.C. An institutional matrix wherein the homes and activities of these women comes to be articulated – in the context of this inquiry – by the Vancouver Island Health Authority's CCFLP licensing staff as either in compliance or contravention<sup>9</sup> of laws, standards of practice, policies and procedures that are driven by a mandate to ensure a particular discursive organization of health and safety. Beginning from the standpoint of mothers doing licensed family child care on southern Vancouver Island this institutional ethnographic inquiry maps and explicates the social relations of an institutional matrix of regulation in British Columbia, Canada.

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<sup>9</sup> See VIHA child care facility inspection reports as posted at [http://www.healthspace.ca/Clients/VIHA/VIHA\\_Website.nsf/CCFL-Frameset](http://www.healthspace.ca/Clients/VIHA/VIHA_Website.nsf/CCFL-Frameset) (retrieved January 27, 2013).

## Chapter Two: Institutional ethnography as mode of inquiry

The sociology that has come to be known as institutional ethnography (IE) was developed by Dorothy E. Smith as a feminist critique of – and alternative to – the dominant sociological discourse (Smith, 1987-2006). Smith came to recognize that the sociology in which she had been trained and which “...claimed objectivity was deeply infected with assumptions that relied on excluding women and their concerns and experience from the discourse” (Smith, 2002: 18). Like other feminists in the 1970’s, Smith sought to develop a way for the experiential to be spoken and spoken with authority. Her approach to inquiry, however, is unique in that she argues *experience must be the point of entry into inquiry and the site from which to examine how our experience is organized by relations evidenced in but not wholly visible from within our everyday lives* (Smith, 1987-2006). Social relations in the IE context does not refer to relationships such as that between a parent and child. Rather social relations refers to an analytic consideration that orients an investigator’s attention towards what people are actually doing and experiencing in a local site as their activities are “...hooked into sequences of action implicating and coordinating multiple sites where others are active” (Smith 2002:45).

Institutional ethnography provides a researcher with a unique methodological and analytical framework through which to simultaneously ground one’s research in the everyday material reality of living one’s life while querying the social relations embedded in tensions often assumed to be or explained as ‘just the way things are.’ The purpose of institutional ethnography is to explicate how experience and knowledge is

socially organized (Smith, 2005; Campbell & Gregor, 2002); how, for example, the work of mothers who do paid child care from their homes comes to be understood as *family child care*; or, how maintaining a community care facility license can become construed as *ensuring quality care* or not. My research and writing stems from an understanding that the work of mothers who do paid child care from their homes is linked to, informed, and shaped by the work of other people – most of whom these women have never met and will never meet. In choosing institutional ethnography as my approach to this research, I have sought to map and explicate institutional influences embedded in the family child care setting that get articulated by family child care providers as frustration with child care licensing – the particular site of B.C.’s child care regulatory matrix that family child care providers most commonly engage with. I am not solely interested in the descriptive experiences offered by informants but rather what their experiences tell me about how their work is co-ordinated with and/ or textually organized by the work of other people, including but not limited to licensing officers. In effect, the frustrations family child care providers experience with child care licensing offer a window into – and at times simultaneously reinforce – local, provincial, national and international textually mediated ideas about child care, even where those ideas constrain or otherwise negatively affect the everyday work of family child care providers.

The family child care providers whose everyday experiences have informed this research describe their busy days with children in ways that indicate a tremendous amount of consideration and planning. This is evidenced not only in their descriptions of preparations for their everyday activities with children – but also in how they organize their homes, discern which families’ children will be welcomed into their care, and how,

in many respects, they fluently attend to regulatory requirements. As they describe the activities that make up their everyday work, they also engage various, and sometimes conflicting, discourses to explain doing family child care. In other instances, informants describe interactions between themselves and their licensing officers that highlight the gap between the everyday expertise of providers who are actively taking care of and caring for children and the textually organized requirements of child care licensing. While providers physically attend to children in their everyday, licensing officers, as those who assess and monitor child care facilities for compliance with regulatory requirements, work primarily with texts and textually mediated discourses informing them how child care providers *should* and *must* ensure health and safety.

### **Analyzing everyday experience in search of social organization**

The work of family child care providers happens in relationship to other people and what those other people are doing: the parent who needs care for their child(ren); the children who need to be fed, changed, kept busy with engaging activity, etc.; the city worker who maintains the local playgrounds; the program coordinator that organizes the local playgroup; the librarian that conducts story time at the local library; the licensing officer charged with monitoring child care providers' compliance with legislation and policies; the Director of Licensing charged with carrying out work outlined in legislation; among many others.

Institutional ethnography is an approach through which to map and explicate how one's activity is linked to the activities of other people – people that one most likely does not know, consider, or ever meet – in the course of conducting their everyday lives. In the IE context, locating one's activity in relationship to the activity of others is a means to

identify social relations. Identifying social relations enables the researcher to track how the work of a licensed family child care provider, for example, is hooked into the work of other people elsewhere – people outside the purview of the family child care provider’s every day work. Her work is not only hooked into the work of other contemporaneous workers in various settings but also to the work of others in the past (e.g., legislation outlining child care licensing requirements may be drafted, tabled and amended by various public service staff and government officials in years gone by, but it continues to determine whether a child care provider is legally – or illegally – providing care at this particular moment, perhaps right down the street from you).

### **The coordinating function of texts**

A licensed family child care provider’s work is co-ordinated with the work of others through texts. In IE, texts refer to spoken, printed, computerized, and other communications that function to co-ordinate the varied work activities of an individual or people in their particular sites with the work of other individuals and/ or groups of people in other sites. Through the activation of texts, people’s activities are co-ordinated across sites and across time. In this way, texts function to standardize work processes – define the relevancies of peoples’ activities – so as to be articulated to ruling relations. “The ruling relations are text-mediated forms of coordinating people’s doings that have progressively supplanted or overridden localized, person-to-person forms of social organization” (Smith, 2008:5). As such, “textual realities displace the essential diversity of perspectives of people’s bodily and biographical being” (Ibid). Texts are the crucial means through which the work of the licensed family child care provider is understood by

and articulated to B.C.'s child care regulatory matrix – the institutional order charted in this inquiry.

### **Beginning from the standpoint of mothers doing family child care**

Beginning from the standpoint of mothers doing family child care does not mean that this inquiry seeks to represent a particular subjective viewpoint. Rather, “standpoint” in IE refers to a subject position that “creates a point of entry into discovering the social that does not subordinate the knowing subject to objectified forms of knowledge of society or political economy” (Smith, 2005:10). As the researcher taking up the standpoint of mothers doing licensed family child care, I am exploring social organization evidenced in the experiences these women describe.

Beginning in the expertise of the informants engaged in this work, I can map how the social relations of regulation enter into and (re)organize family child care providers’ everyday activities and their homes from which they conduct their work. I maintain the presence of mothers doing family child care as subjects, and treat their collective experiences of licensing as a place from which to begin exploring the regulation of child care in B.C. I take up the issue of child care licensing as it is operationalized in the everyday lives of family child care providers as they orient their activities and their homes to co-ordinate with regulatory requirements. Thus, this inquiry makes the experiences of family child care providers a problematic that can be investigated by mapping standardized regulatory practices carried out by family child care providers and health authority licensing staff in the southern region of Vancouver Island.

Beginning from the standpoint of mothers doing family child care – rather than in the concepts and theories of mainstream sociology (e.g. such as those theories that may

be commonly used to investigate and discuss the sociology of care, work, and/ or the family) – makes this inquiry a political project. In recognizing that a diversity of experiences exist, this inquiry does not strive to make generalized statements about: mothers who do the work of family child care; or, what constitutes care work, the work of mothering, or home-based work. Rather, I examine the generalizing effects of an institutional matrix of regulation on the activities and homes of mothers doing family child care. I map how the work of standardization happens – how it is socially organized through the practices and activities of licensing (including the activities of family child care providers as licensees) for the purpose of ‘managing’ potential risks to children’s health and safety – as determined and defined by varying bodies in the regulatory matrix. I align myself with informants in an awareness that the licensing process is not necessarily meeting the needs of, nor entirely relevant for, those currently engaged in this form of child care – including the family child care providers, the families whose children are in this form of child care, and the children whose health and safety is articulated as the primary motivation for regulation. In this way, this inquiry is a practice of creating a sociology *for* family child care providers rather than a sociology *about* them.

### **Experience as problematic**

Taking the everyday world as sociological problematic orients an institutional ethnographer to investigate what is actually happening – what people are actually doing that hooks their work into the work of other people in various other locations and across (or at various points in) time (Smith, 1987-2008). In Smith’s vision and practice of sociology the everyday/ every night activities of people – embodied as we are in

particular places and in particular times – are socially organized (Smith, 1987-2006).

That is to say, Smith (2002) understands people's activities as co-ordinated and that texts and discourses function to co-ordinate people's doings across space and time:

Printed or electronic or otherwise replicable texts have the extraordinary capacity of double presence: they are read or produced in the actual local settings of people's work or activities and at the same time their replication in multiple different settings (and at different times) enters a standardized component into every setting in which the same text is read/ viewed. It is, I suggest, texts that produce, in and out of ephemerality of people's everyday activities, the stability and replicability of organization or institution (45).

Standardized texts, increasingly computerized, have become the medium through which people's activities are co-ordinated across sites (Smith, 2005). Texts, such as: forms, instructions, guide books, policy and procedure manuals, information pamphlets, search engines, and websites among the many, are integral to people's daily lives and function to mediate, authorize, and regulate activity (Smith, 2005). Textual mediation is integral to contemporary forms of social organization. Smith (1987 – 2006) refers to these social relations that accomplish organization as *ruling relations*. She identifies ruling relations as those complexes variously referred to from different theoretical positions as bureaucracy, administration, professional organizations, media, and 'the State' among others. "They include also the complex of discourses, scientific, technical, and cultural, that intersect, interpenetrate, and coordinate the multiple sites of ruling" (Smith, 1990b: 6).

Smith (2005) observes that ruling relations are textually mediated – that texts are the medium through which extra-local priorities come to infiltrate local activities. Local and extra-local sites are connected through what institutional ethnographers describe as the activation of texts in a ruling practice (Campbell & Gregor, 2002); “the capacity to rule depends upon carrying messages across sites, coordinating someone’s actions here with someone else’s there...” (Campbell & Gregor, 2002: 33). Texts are integral in courses of action if they are “activated”, or used, as an organizer of action and information by people in different settings. In this sense, people can become ‘hooked’ into ruling relations by their use of certain texts. Texts may be reproducible in many settings and can be removed from the context of one setting and transferred to another setting. For example, the extra-locally determined textually mediated work that a family child care provider does in preparation for her interview with and home inspection by the local health authority licensing officer. The family child care provider’s preparations orient her work to co-ordinate with the child care licensing facility assessment documents and protocols used by a licensing officer to determine the suitability of licensing a specific family child care provider and her home in Greater Victoria, B.C.

Smith’s IE approach to inquiry orients the analytic gaze towards how ruling is accomplished by people engaging in the course of their everyday work/ activities. In choosing an institutional ethnographic approach, my inquiry is not an attempt to explain the behaviour and/ or experience of family child care providers based on an operationalized understanding of care practices. Rather, I aim to explicate the relations they partake in, which in turn organize their actual everyday work/ activity. For the institutional ethnographer,

The conceptual importance of experience lies in providing a real-life context against which, for instance, to reflect on administrative practices and their powerful effects on people's lives. In a project of this sort, the researcher explicates how administrative textual practices transform the *experienced* local and particular into standardized forms such that it can be ruled (Campbell & Manicom, 1995:7).

Informants, Diana, Trudie, Anna, and Carly, may perceive, describe, and explain the work they do in different ways. However, whether they have the 'best interest of the children' in mind (Anna, Trudie & Diana) or are 'doing a job' (Carly), their work is conducted within a matrix of textually mediated social relations. Family child care providers' activities are implicated in, and provide a window through which to examine, those relations. In employing IE, I explore the dynamic, contemporary world of ongoing human activity, and I aim to explicate how the work of women going about their everyday lives upholds the social relations that co-ordinate their embodied realities (Smith, 2005). That is, I explore the ironic process through which "people's actual activities as participants [in social relations] give power to the relations that 'overpower' them" (Smith, 1990b: 161).

## **Methods**

Two levels of data were collected for this research. The first level of data was gathered from the local and particular settings where mothers conduct their everyday family child care activities. These data situate and preserve the voices of family child care providers, documenting what actually happens with particular attention to those aspects of their experiences that are disturbing or are at odds with their understanding of

events. It is these experiences, or disjunctures (Smith, 2005), that define the starting point of this inquiry rather than the legislative, bureaucratic, and professional dictates that govern regulatory bodies and regulatory practices. However, rather than seeking to discern the subjective feelings family child care providers have about their work (Rutman, 1996) or further the critiques of family child care (Prentice, 1999), this study aims to gain insight into and reveal the ways that ruling relations manifest in the work of family child care providers and how these relations continually recruit women, and mothers in particular, into work that is undervalued in contemporary society.

The second level of data collected extends beyond the local sites of informants' everyday worlds – beyond what family child care providers know about their lived experiences – to explore how their experiences are socially organized particularly through activated textual means (Campbell & Gregor, 2002). Institutionally organized activity such as licensed family child care involve the work of people in various locations outside the local setting of the family child care provider's home. Each of these sites has its own priorities and texts that influence family child care providers' experiences and may reveal different aspects of the ruling relations through which the local is organized extra-locally. Processes of domination and subordination may be made visible by identifying how and/ or when the standardized and co-ordinated activities of child care regulators in various locations are activated in accordance with the written policies and procedures that direct the bureaucratic administration of social policy – the textually mediated ruling relations (Campbell, 2006; Smith, 2006).

### *Interviews*

In-depth, open-ended interviews conducted in 2010 with mothers who have engaged with child care licensing ground this research in the everyday/ every night experiences of family child care providers. The purpose of this first level data collection interviews was to gain insight into the activities that make up the experiences of family child care providers.

### *Texts*

At the second level of data collection, IE directs investigation and analytic strategies towards the textually mediated processes which are used to define the parameters within which family child care providers can (legally) operate. Texts were purposively sought out based on informants' accounts and observational analysis as a result of my participation in family child care licensing application orientation sessions held by the Vancouver Island Health Authority Community Care Facilities Licensing program. These documents were selected on the basis of how, when, or why they entered informants' work and included: licensing documents available on the Ministry of Health and VIHA websites and from the family child care licensing orientation application package; and, parent handbooks/policies, registration forms, etc. produced or used by individual family child care providers. For the purposes of this institutional ethnography, I limited my focus to these texts. I do, however, recognize that there are many different types and forms of texts that contribute to the regulatory matrix of family child care on southern Vancouver Island.

## Analysis

Different ethnographies employ different analytic strategies. In IE, how the researcher understands her own contribution and beliefs about the account being generated will determine the approach she chooses for data analysis. Grounded theory is similar to IE in the way that it draws on the symbolic interactionist tradition to explain participants' experiences as they understand them (Campbell & Gregor, 2002). The focus of this type of research is how people *do* life rather than on external causes and effects (Campbell & Gregor, 2002). In grounded theory, explication is about abstracting generalizations from the data. In contrast to the grounded theory approach, explicating in IE is "materialist and empirical" (Campbell & Gregor, 2002:89). In IE, "generalizability relies on discovery and demonstration of how ruling relations exist in and across many local settings, organizing the experiences informants talked about" (Campbell & Gregor, 2002:89). As such, a key consideration during the analysis stage is to remember that the researcher's purpose in IE

...is not to generalize about the group of people interviewed, but to find and describe social processes that have generalizing effects. Thus interviewees located somewhat differently are understood to be subject, in various ways, to discursive and organizational processes that shape their activities. These institutional processes may produce similarities of experience, or they may organize various settings to sustain broader inequalities...; in either case, the generalizing consequences show the lineaments of ruling relations" (DeVault & McCoy, 2006: 18).

The ultimate purpose of IE is not to produce an account of the informants' experiences, but rather to explicate an account of "how local understandings and explanations are

brought into being so that informants can talk about their experiences as they do”  
(Campbell & Gregor, 2002:90).

According to Campbell and Gregor (2002:91), “for researchers convinced of the importance of the discursive organization of everyday life the social organization of knowledge is useful theory and institutional ethnography is a relevant analytic approach.” Consistent with the idea that the purpose of IE is not to theorize everyday life, but to explore it, I analyzed the data I collected in the field to identify, map, trace, and describe social relations both within and beyond the local site of the family child care provider’s home.

## **Informants<sup>10</sup>**

### **Carly – “It’s like a job, and this is the requirements of the job”**

Carly and her partner, Dan, rent the house they live in from a family member who lives in the basement suite for part of each year. They have a two year old child, and two school aged children from Dan’s previous marriage also live with them fulltime. Carly started providing family child care after their youngest son was born. At first, she provided license-not-required child care. At the time of our interview (January 2010) she had been providing licensed family child care for just over a year and a half. Problems she encountered in trying to attain a business license<sup>11</sup> from her municipality almost discouraged her from pursuing family child care as a way to financially support her family. She identifies that:

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<sup>10</sup> All names are pseudonyms.

<sup>11</sup> A municipal business license is required as part of a child care provider’s application for the Community Care Facility license necessary to provide child care to more than two children.

If I didn't have the money or the resources to do it, it would have taken me a lot longer. I was almost discouraged from going licensed at all, like "you know what? I don't need this. I don't want to do this anymore. I'll just go back to work." And then I looked at my son, and I can't. I love him too much. I want to spend another couple of years [with him] (518).

In Carly's experience, she has not made the choice between working for pay or staying home with her son. She has made the decision to work from home in order to financially support her family. The benefit being that, while she works for pay from home, Carly gets to 'spend another couple of years' with her son before he enters the fulltime school system.

#### **Diana – "Children learn best through play"**

Diana began doing this work prior to the birth of her eldest child. When she started, she provided license-not-required family child care. She had some child care training through a career preparation program in high school and subsequently completed early childhood education training. She has a partner who works outside the home and who financially contributes to the family. Both of her children are now school age, and at the time of this interview, she had decided to stop doing family child care and open a group daycare centre "to get the business out of [my] home and expand" (Diana, 2010a).<sup>12</sup>

Diana has been doing paid child care in her home for 13 years, beginning just after the birth of her first child. While her whole house can be used for her child care

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<sup>12</sup> Quoted from answers provided by email in follow up to Diana's interview – question 1.

activities, Diana has a designated space that is “like a preschool” (41) where there are child-sized tables and chairs and where all the toys are kept. When they are in Diana’s home, this designated area is where she and the children spend most of their time. Her philosophy, as indicated in her parent handbook, is that children learn best through play. She has a routine, in as much as one can working with the varying and ever changing needs of multiple young children, which supports her program philosophy.

While Diana goes “by the book when it comes to licensing standards” (506-507), a statement she makes when asserting her limit of a nine and half hour day when parents are late in picking up their children, she – like the other three mothers I interviewed – is quick to share that there are too many rules to follow.

#### **Anna – “I just want to be that second parent”**

Unlike Diana, who at the time of our interview was in the process of opening a child care centre outside of her home, Anna does not see herself doing child care for more than a few years. Anna started doing family child care because she could not find care for her children upon returning to town after finishing a Bachelor of Arts degree elsewhere. She felt it was too much to continue to expect her mother to care for her two pre-school age children while Anna worked outside the home. Her moderate income and single-parenting also made it difficult to conceive of how she would afford child care and support her family. With the help of her mother, Anna purchased a house conducive to doing child care in a quiet, residential area. Doing family child care is not her dream job, but having relied on paid child care while she was in university, she appreciates how

important it is for parents to have “loving attention”<sup>13</sup> for their children while parents work or attend school.

As she reflects on her work with the children in her care, Anna adamantly states that she is “not a teacher,” (216) rather she just wants “to be that second parent” (216). Offering that:

Obviously I do numbers and letters and colour and all that kind of stuff but I want to do it through play. I don't want to have like a chalkboard and [be] like ‘you have to learn this’ ... for me, as a parent, I'm more interested in my children being kind people. ... I want all the children to respect each other... and have good social skills so that [when] they get to school ... [they] are able to have social relationships. That's my biggest concern for them, because that's what kindergarten and grade one are about really .... We sit down and do colours, but they're playing and they don't realize that I'm asking them questions and I don't want to sit down and have a lesson with them ... I'm not a teacher. I just want to be that second parent. I want them to feel like they're at home when they're here. Not at school. They're too young (205-217).

Anna's reflection on her experience and intent harkens to streams of popularized early childhood development ideas espoused in parenting magazines, books and courses, tv shows about poorly behaved children whose parents lack knowledge about effective guidance and/ or disciplinary practices, among many other sources that come to be discussed on playgrounds and in playgroups amongst parents and caregivers contending with the conundrums of contemporary child rearing. Anna describes central aspects of

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<sup>13</sup> As stated in Anna's program description.

what is often discussed as *emotional intelligence* (Gottman & Declaire, 1998; Lantieri & Goleman, 2008) as her “biggest concern.” She strives to foster kindness and respectfulness in her family child care – an environment she organizes with the hope that the children will “feel like they’re at home” in her care.

### **Trudie – “In the best interest of the child”**

Trudie lives with her two children. She started doing family child care because, she states: “My son was allergic to peanuts, and at the time I was looking for daycare I could not find a daycare that would not allow peanuts”.<sup>14</sup> As of January 2010, Trudie had been providing family child care for almost 10 years. As an early childhood educator, when the revised Child Care Licensing Regulation created the new category of In-Home Multi-Age Child Care<sup>15</sup> for those licensed as Early Childhood Educators, Trudie sent in everything the VIHA CCFLP asked for “right away” to get her community care facility license changed – a change that allows her to have eight children in her care, rather than the seven allowed in a family child care home. She strategically purchased her home (prior to the housing boom that resulted in housing prices skyrocketing outside her current income earning capacity) to afford her the additional advantage of her particular location.

Trudie experiences such a high demand for her child care that she has “the flexibility to [choose and] only keep children whose parents have a similar parenting

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<sup>14</sup> Quoted from answers provided by email in follow up to the initial interview – question 1.

<sup>15</sup> As mentioned in the introductory chapter of this thesis.

philosophy as I do. I believe children thrive in a stable, structured environment. That is what I provide and what I also expect the parents to provide.”<sup>16</sup>

Trudie shares that “small groups and multi-age groups are lovely and they’re great” (495). She considers the type of care she is providing as an opportunity for children given that “many children grow up as only children so they don’t interact with younger and older children every day. Here they are able to grow into becoming the big kids and learn to ‘help’ with the younger children”.<sup>17</sup> She asserts that although “probably different than the ECE [early childhood educator] standards, I believe I have to love a child...in order to take them in my house for 50 hours a week, I have to love them” (192). She adds that:

I choose to take my kids swimming, to kindergym, kindermusic, visit seniors’ homes and [to offer] a preschool program... .In the past we have done gymnastics, dance, etc. We would all get bored without lots of great activity. I want my daycare children to have the same high quality care they would receive with a loving, skilled stay at home mom. I don’t think the kids should miss out on activities because they are in full time childcare.<sup>18</sup>

For Trudie, providing child care in her home “is an intimate relationship between myself the child and the parents.” She furthers that “if anyone is feeling outside that circle then my house is not the best place for the child.”<sup>19</sup>

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<sup>16</sup> Quoted from answers provided by email in follow up to the initial interview – question 9.

<sup>17</sup> Ibid.

<sup>18</sup> Quoted from answers provided by email in follow up to the initial interview – question 10.

<sup>19</sup> Ibid – question 11.

## Chapter Three: The everyday worlds of family child care providers

With the completion of the application process<sup>20</sup> culminating in the successful acquisition of a Community Care Facility License, family child care providers are (mostly) left to conduct the business of their everyday work in the manner that they choose (as long as their choices do not cross the boundaries of acceptable regulatory practice). How informants organize their homes and the activities they do in preparation for the care of children, the activities they do with children and the activities they do after children leave and when their own children are in bed are organized in ways that become part of their everyday lives – just the ways things are. This organization, however, is reflective of what it takes to strive to meet and/ or maintain the licensing requirements necessary to do family child care legally in British Columbia. While the specific activities that providers do with the children in their care – whether they teach and sing songs with children, have dance parties, take children to the playground and/ or allow the children to watch television – are left to the providers' discretion, the daily routines they describe function as a program that will have been approved by the VIHA's Community Care Facilities Licensing Program staff as part of their initial licensing application process.

In my initial interviews with each Carly, Diana, Anna and Trudie, each informant described her “typical day.”<sup>21</sup> When I subsequently reviewed the interview transcripts in

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<sup>20</sup> The application process is outlined in chapter four.

<sup>21</sup> While informants described their ‘typical day’ as a matter-of-fact sequence of events, each also indicated something to the effect of “you have to be flexible because it never goes as planned” (Diana, 446) – while family child care providers may present their everyday routines as their standard program for the textual purposes of licensing, the bodily reality of working with children necessarily requires providers to be flexible.

succession to one another, informants' typical day revealed some of the hints and subtleties of the transformation of one's home life into an environment that becomes institutionally recognizable as a *family child care* in accordance with the requirements of community care facilities. Diana's typical day, as outlined below, though unique in terms of some of the specific activities or the sequencing of activities, is representative of how each of the informants described the typical day in terms of their daily *routines* of doing child care.

## **A typical day**

### **Diana's routine**

#### ***First thing in the morning***

Diana gets up at about a quarter to six in the morning. She makes the lunches for her husband and two school age children prior to waking her son and daughter at 6:30. Her husband usually leaves for the day by the time the kids get up. While her children get dressed, Diana makes sure that their school bags are packed and waiting at the door. The morning is a flurry of activity that involves ensuring her kids get dressed, eat breakfast, keep from turning on the television, and that they are "completely ready and self-sufficient by 7:00" (13-15) so that she can turn her attention to the remaining preparatory work she needs to do prior to the arrival of all the other children who will come to be in her care starting at 7:30. When Diana is confident her own kids have everything they need to leave the house when their school bus arrives – running through a daily checklist because she doesn't want to hear "where's my jacket" at 7:30 (28) – she finishes any cleaning that must be done and prepares for the day's activities:

I put several items out on the table that are special like a play dough, it could be lacing, or stamping or craft. Just something that's not out for everyday play. And I change that every morning. So whenever they come in there's something new and exciting on the table. There's sometimes kids that choose to participate in it and then there's other times when kids just choose to participate with their favourite [everyday activities] (59-64).

While Diana's "full house is licensed according to [VIHA's CCFLP] licensing, child safe, you know, with all the plugs and everything..." (39) she has designated and set up a portion of the ground level of her home primarily for her child care use. She describes that it's "like a preschool ... Everything downstairs is child sized tables, chairs, high chairs, playpen and all the toys are down there" (41).

### *Getting on with the day*

Each morning, Diana greets families at the door. She encourages parents/guardians to bring children in because she likes a "warm goodbye" (74), and she checks in with parents/guardians about any pertinent information in relation to each individual child that may be helpful for her in her day – when she can expect them for pick up, for example. She welcomes her child care children having thought about how to help them transition as they come into her care for the day. When the gaggle of young children stream into Diana's home starting at 7:30 that is the end of the time she has for her own kids. At 7:50 all of the children in Diana's care convene at the front door. Her son and daughter head outside to their school bus and the rest of the children wave goodbye. Diana then locks the door and continues her activities with the rest of the children in her care.

Diana describes this first part of the morning between 7:30 and 9 o'clock as "free play" (307) for the children to choose what they want to do. She states that preparing for the day in this way "allows me time to help each child transition in as they come" (65). The thoughtfulness, planning, and attentiveness to children's needs on Diana's part is only just beginning for the day. By 9:10, Diana starts warning the children that it will soon be snack time:

So they get their warnings, you know sometimes they'll want to start a project and I'll advise them that "you know could we do this at free time this afternoon because we are going to have snack and you won't be able to finish it so why don't we try it later." Sometimes that means starting your clean up a little earlier depending on what their playing with or art .... Snack at 9:30, toileting before that, so it's about a quarter after [nine] I guess we start. We go down as a group to the bathroom, because of the age, I'm doing the zero to five care, so it's a group thing, if I have kids in diapers, I'm starting them while the ones that are able to be more self-sufficient on toileting are doing toileting – but we're all in the same room, it's a good time for modeling. Hands are washed and we're back for snack (245).

Children gather at the table for a "nutritious snack"<sup>22</sup> provided by Diana, including 2% milk and fruit juice. After snack, Diana orchestrates circle and calendar time with organizational help from her "special helper"<sup>23</sup> who puts out the mats that the children will sit on. Children are gathered together to sing songs, and learn about letters,

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<sup>22</sup> As indicated in Diana's policy handbook.

<sup>23</sup> Diana chooses one child each week to be her designated special helper. The special helper has special jobs during the week and also gets to be the first in line when they go outside. This practice ended the fights that used to occur about who got to be at the front of the line.

numbers, months of the year, days of the week, and upcoming birthdays and special events. After circle and calendar time, Diana gets children dressed and ready to go outside, weather permitting, either to the back yard or a nearby playground:

[We] usually try and get outside time in the morning. Just because it...gets the jitters out, you know, and then I find ... they sleep great because they've run off their steam and everything. Sometimes it doesn't work if the weather's – I go out no matter what, I go out if it's raining. We'll still go out. All my kids have to come in dressed for the weather of the day. That's my big thing. But in the winter, you know, when it's close to 2 degrees and their hands are too tiny, it's really hard. So sometimes I'll think "you know what, I'll hold off until this afternoon and see if it gets better" you know? And maybe we'll go out after naptime instead. But most times, I'll try and get it done early. ...Most times I just find they're more settled for the day, they're tired and they're quite happy just to play and do puzzles and crafts and you know. But if you don't get out then they're (Diana waves her hands wildly over her head) (laughter) (391).

### ***Lunch***

Returning home – or inside if they have been playing in the yard – they divest of outside clothes and get ready for lunch. Diana encourages children to get their lunches out of the fridge themselves. When lunch is finished, Diana gets her special helper to help with the clean up:

I'll say "would you like to sanitize the table after we eat?" .... I have the sanitizer in my big thing, but I have a special one with water in it in a little basket with a cloth. It looks like the same thing. They don't know any different. They get to spray the table

down, wipe it, [and] push the chairs in after lunch. They love it. I think nowadays parents are just working and busy and don't have time to do a lot of those little things with the kids, you know. Everything is like "quick, mum's gotta go". I mean I do it with my own kids right? I've got all the patience in the world when I'm working, but when I come home, I'm done, you know. And I think a lot of parents are like that. So kind of giving just that little extra that a lot of them just don't get (376).

### *Quiet time*

Lunch is followed by "quiet time." Each child has a designated sleep mat.

Children who do not nap:

have a choice of quiet table toys and that's the only time of the day I offer TV. And it's a movie – a Disney movie – kind of thing. And very few children don't want the movie, you know. It's the only time that I put the TV on, and so the ones that nap never get TV because it's only on for the movie, so, yah. It's an hour and a half, and often – they're on their own mats for the movie as well so they're still resting – their bodies are still still. There are even [children] that say don't need a nap, or mums say they're probably fine, often drift off during the movie, yah, and wake up after (406).

Quiet time may provide Diana with the opportunity of a 'break' to eat her own lunch and write notes in the individual log books she has established for communicating with parents/ guardians. But depending on the needs of the children or cleaning that needs to be done on any given day, Diana might find herself consistently busy with no opportunity for a break.

Sometimes I don't get a quiet time because, ah, there may be back rubs, there may be somebody that's not settling, there's often times I have to stay and watch the movie because somebody's new and when I first break them in, you know. When I first get some kids there may be a bottle-feed at that time, you know. Sometimes I do that in the [napping] room quietly or with the kids in the other room. I have monitors all over downstairs so it's easy, I can hear exactly what is going on. Yah, there's other days you can get everybody down. And it's quiet and the ones that are awake are enjoying the movie, and I have my lunch at that time, I eat. And there's other days I don't get to eat 'till dinner (417).

Diana's 'break' time is also, likely as not, when she will get ready for the afternoon:

... that's the time that I'll maybe go to the [children's] cubbies and organize that – 'cause, you know, things might be all over the place from the morning. So I'll go and make sure everything is ready for [when parents/ guardians] pick up. You know, sometimes I can throw a little laundry in because I'm down there right? Like, that's about all I really get done (431).

### ***Afternoon activities & pick-up time***

Just as she thoughtfully organizes for the arrival of children at the start of the day, Diana also considers ways to ensure a smooth afternoon and transition for children leaving her care at the end of the day. Children may be roused from quiet time in order to pick up the older children from school. On the days where they are doing school pick up, they will often stay on the school grounds to play. Keeping the estimated time when parents/ guardians have said they will be picking up their child/ren, Diana organizes this time to ensure that they are back by any scheduled early pick up time. Having parents/

guardians inform her of their estimated pick up time also enables Diana, when at home, to finish up structured activities and dissuade children from starting anything that may be difficult for them to leave when their parents/ guardians arrive to take them home. As parents begin to arrive, Diana states:

I'm usually busy in the middle of the day – and it's usually not an organized activity by that time because I've got parents starting to show up. So that's when I'll start the free play again. So I'll start by offering you know – “does anybody want to do a repeat of the item that I offered in the morning, ‘cause a lot of kids may not get full time with it in the morning ‘cause of when they arrived or whatever. So I'll bring that out again and offer that. Um, sometimes I'll do a repeat of outside, you know. If it's a nice day, you know, let's go outside again. Pick-ups are easier outside ‘cause they've already got their jackets and boots on. And they love it. Kids never get tired of [outside], you know, I often do a repeat of outside, and that allows me to have that communication again with the parents. I'm more free to say “oh, it was a really good day” or “tough day - teething” or “didn't need anything” or “I don't think they're feeling that well” .... So it allows me that time to do that communication because I'm not tied up, you know and it's easy for me to... pull myself out ... and have that five-minute talk [with parents](455).

As Diana describes her busy day, how she carries out her activities – why she does what she does in the ways that she does it – links her work with the practices and activities of the other family child care providers whose experiences form the standpoint for this research. Submission of a program that delineates how family child care providers' daily schedule of activities attend to the physical, intellectual, language,

emotional and social development of children in care is part of the application for licensing.<sup>24</sup> Diana's typical day as she describes it is recognizable as *Family child care* in part because she organizes her work in relation to the policies and procedures, care and supervision requirements of licensing that she, like the other informants in this research, has more or less adopted as the everyday norm of doing child care in her home.

## **Behind the scenes of the typical day of caring for children**

### **The parent handbook**

Diana does not, in our interview, emphasize how much her child care day is reliant on communication and co-ordination with and the co-operation of the parents and/or guardians of the children who come to be in her care. However, Diana has a policy handbook (very similar in content to what other informants refer to as their "parent handbook" and/ or simply as "policies") used in part to determine the 'fit' with a family seeking care. The policy handbook is part of her contract with parents/ guardians. The information provided in her handbook outlines both Diana's everyday practices and her everyday expectations of parents. While Diana says in our interview that the children in her care "become our children," she asserts in her handbook that the "mutual beneficial requirements" as outlined in her handbook are necessary to ensure that there are no misunderstandings and that the terms of their contractual agreements "are carried out in a businesslike manner." Parents/ guardians are required to sign a contract confirming their comprehension of and agreement with her policies prior to the commencement of Diana's care for their child/ren.

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<sup>24</sup> B.C. CCLR, 2007, B.C. Reg.332/2007, Section 44(1); Schedule G

While Diana's policy handbook serves as a means of communicating with parents from the onset of her agreement to care for their child/ren, the majority of the policies included in her handbook (and in the case of some informants, all the policies they have) are those required and at least partially determined by or scripted in regulatory texts. While Diana describes her typical day in what seems to me a logical sequence of activities, her activities are also reflective of and attend to regulatory requirements for child care programs as well as to required specific and specified health and safety practices.

For example, early in her active caregiving day, Diana provides a "nutritious snack" to the children in her care – before which, however, she attends to diapering and toileting needs. In her policy handbook, Diana outlines her "Health and hygiene promotion" wherein she explains that children will wash their hands before and after food preparation and eating, before and after diapering, toileting, nose wiping, sneezing and outside play. She continues that liquid soap and individual hand towels will be used for hand washing and that the hand towels (along with dish towels and face cloths) are washed daily. These practices model and comply with the requirement "to instruct children in, and to practise the rules of, health and hygiene."<sup>25</sup> Once diapering/ toileting and the subsequent "health and hygiene" practices have been completed, Diana provides a "nutritious snack," a snack that complies with the Canada Food Guide.<sup>26</sup> Diana also instructs families to provide their children with a nutritious lunch. She asks that items that are choking hazards, such as peanuts and hard candies, either not be included in lunches and/ or that items such as hot dogs and grapes be cut lengthwise to reduce the risk of

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<sup>25</sup> B.C. CCLR, 2007, B.C. Reg.332/2007, Section 46.1

<sup>26</sup> B.C. CCLR, 2007, B.C. Reg.332/2007, Section 48.1(a)

choking. She encourages children to eat the healthier portions of their lunch before the less healthy portions “to promote healthy and appropriate eating habits.”<sup>27</sup> Her handbook also specifies that parents/ guardians of children with dietary concerns and/ or allergies pack sufficient food to accommodate lunch and two snacks as it is not feasible for her to provide different snack options for the different children in her care. And as she strives to model environmental responsibility<sup>28</sup> by providing recycling of various types, she also asks that, in as much as is possible, parents/ guardians pack lunches in reusable containers.

In Diana’s field trip policy, which explain that she takes the children on daily outings – weather permitting – she delineates how children will be organized to walk together and how she transports children in age and weight appropriate car seats or booster seats for travel in her van. Through her policy, Diana also informs parents/ guardians that she has a valid driver’s license, business insurance and that she will have a first aid kit on hand and the children’s emergency information and consent cards.<sup>29</sup>

The culmination of Diana’s child care day is outlined, in her “pick-up policy” wherein she states that “children will only be released to their parents/ guardians or persons authorized by the parent/ guardian to pick up the child.” This policy also communicates that she requires those, other than the parents/ guardians, authorized to pick up a child be over the age of 16 years old and that they show identification.<sup>30</sup> It also delineates: what she requires if there is a custody order for the child/ren; what will

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<sup>27</sup> B.C. CCLR, 2007, B.C. Reg.332/2007, Section 48(1) (b)

<sup>28</sup> B.C. CCLR, 2007, B.C. Reg.332/2007, Schedule G(2)(e)

<sup>29</sup> B.C. CCLR, 2007, B.C. Reg.332/2007, Schedule B(7), and VIHA CCFLP, n/d – Field trip safety

<sup>30</sup> B.C. CCLR, 2007, B.C. Reg.332/2007, Section 56(a) and 57(3)(b), and VIHA CCFLP, 2007 – Safe release of children from a child care facility

happen if the parent/ guardian or other authorized person who arrives to pick up a child appears to be under the influence of drugs or alcohol, or is otherwise deemed incapable of ensuring the child/ren's health and safety;<sup>31</sup> and, the fees charged and payment requirement for late pick up of children.

The work of creating and/ or compiling and revising policies is part of the time, consideration and work it takes to become licensed, and these policies may be requested by a licensing officer during the unannounced routine inspections that are part of maintaining licensure. As such, Diana's policy handbook, like those of other family child care providers, can be understood as a co-ordinative text organizing the work of both the child care provider and the families they work with while simultaneously orienting their work to the institutional requirements of regulation.

### **Cleaning, cleaning, cleaning...**

In Anna's description of her 'typical day,' she tells me that family child care is "not a regular job at all – it doesn't seem to end because I've got to clean after the kids all go" (310). After her child care children leave Anna's home at the end of the day, typically between 4:30-4:45 pm, she cooks dinner for herself and her two children. This activity is also part of her preparation for the next day – strategically prepared leftovers from dinner form the basis for everybody's lunch the following day. Anna provides lunch for all the children in her care, stating:

I cook lunch for my kids anyway so I might as well .... You know  
I was in school when I had both of my kids and I remember what a

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<sup>31</sup> B.C. CCLR, 2007, B.C. Reg.332/2007, Section 50, and VIHA CCFLP, 2007 – Safe release of children from a child care facility

pain in the ass it was to make sure that I had enough leftovers for the lunch the next day and trying to come up with whatever their lunch was going to be the next day and I think it's just easier for the parents if I provide lunch and, um ,I don't mind it, you know? I cook spaghetti for dinner and the leftovers we have the next day kind of thing. Whatever we eat for dinner, I just make sure there's enough for the next day for the most part, and I like giving the kids a hot lunch it's healthier (130).

Anna and her children "...usually have dinner around 6 o'clock and then we play together after dinner and then they have their bath at 7:30 and are in bed by 8" (62). After her children are settled in bed, Anna does her cleaning in continued preparation for the next child care day. She has started to incorporate a cleaning regime into the earlier part of her day because the days are "...just too long after I get my own kids to bed I have to go downstairs and clean, you know?" (311).

Tired as Anna and the other informants may be at the end of the care giving day, the cleaning that family child care providers must do often confounds and sometimes overwhelms. While ongoing cleaning is part of the everyday work of caring for children in one's home as a family child care provider, it is also work that is systematically monitored for compliance by VIHA's Community Care Facilities Licensing Program staff.

## **Chapter Four: The social organization of child care regulation in B.C.**

The everyday work of mothers doing paid child care in their homes becomes organized and recognizable as family child care through the processes of becoming and maintaining licensure. As such, the processes of becoming and maintain licensure reorganize the everyday activities of family child care providers by requiring the articulation of those activities in terms accountable to the varying texts, people, and offices (e.g. the VIHA's Community Care Facilities Licensing Program licensing staff, other regulatory sites – such as the Ministry of Health and other health authority licensing programs, and the ideas and texts used within and between these varying sites). In order to successfully become licensed, an applicant must be willing and able to align her everyday expertise in the provision of care for children with and within these textually organized and textually co-ordinative institutional sites of regulation.

### **The regulatory context of licensed child care**

In order for family child care to happen as it does in B.C., the everyday work of licensed, home-based child care providers must align with the regulatory requirements for community care facilities generally as well as the requirements for child care facilities specifically. The regulatory authority for community care facility licensing in B.C. is operationalized under the stewardship of the Community Care Licensing office located within the Home, Community and Integrated Care Branch of the Ministry of Health (MoH).

The *Community Care and Assisted Living Act* (CCALA) provides the legislative authority for the Director of Licensing and medical health officers to exercise certain

powers and to carry out legislated duties and responsibilities. The CCALA also empowers the Lieutenant Governor in Council to make regulations. These regulations include the Child Care Licensing Regulation (CCLR). The purpose of the CCLR is to “ensure the provision of quality child care services” (B.C. MoH, 2008a), and this text establishes the minimum health and safety standards for child care as licensed community care facilities. The CCLR contains definitions, license application requirements, staff requirements and physical requirements related to the provision of child care.

The Director of Licensing has the authority under the CCALA 4(1)(e) to “specify policies and standards of practice for all community care facilities or a class of community care facilities.” As such, child care in B.C. is also governed by the Director of Licensing Standards of Practice (DOLSOP). Currently, there are two DOLSOP documents, *Safe Play Spaces* and *Family Child Care*, which further inform the licensing of family child care.

Under the authority of the CCALA, CCLR and the Public Health Act, medical health officers employed by the regional health authorities in B.C. operate regionalized Community Care Facilities Licensing Program (CCFLP) offices. The mandate of the CCFLP is to investigate applications for licensure, to carry out ongoing inspection and monitoring, to investigate allegations that community care facilities (and/ or unlicensed child care) are not meeting regulatory requirements and to take action to bring non-compliant facilities into compliance and/ or terminate licensure where applicable. These day to day activities are carried out by licensing officers and other licensing staff as authorized through a letter of delegation from the medical health officer.

The Vancouver Island Health Authority operates four Community Care Facilities Licensing Program offices accountable for the North, Central and South island regions of Vancouver Island. Licensing staff in these offices conduct child care licensing orientation sessions at regular intervals throughout the year, and they encourage anyone interested in the application process and/ or licensing requirements for child care facilities to attend a session at the nearest office (VIHA, 2012b). In the South Island office, licensing staff deliver an orientation session specifically geared towards family child care.

### **The textually co-ordinated world of child care licensing**

The regulation of child care in B.C. is focused on licensing. In order to legally care for more than two children unrelated to her by blood or marriage, a family child care provider must successfully attain and maintain licensure. When a licensed-not-required or another prospective family child care provider contacts the VIHA CCFLP South Island office to inquire about an application for licensing, the prospective applicant is encouraged to attend a family child care orientation session.

At the VIHA CCFLP South Island family child care orientation session, prospective applicants are given an overview of the licensing application process and encouraged to purchase a *Child care licensing application package*,<sup>32</sup> the contents of which (see Appendix A) are mostly available on either the VIHA Child Care Facilities website<sup>33</sup> or the Ministry of Health's Community Care Licensing website.<sup>34</sup>

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<sup>32</sup>I have attended the orientation two times. Initially I attended in 2004 for the purposes of gathering information about becoming a licensed family child care provider and I attended again in 2008 to learn about any changes in the licensing process to that point, given changes in 2007 to the CCLR.

<sup>33</sup>[http://www.viha.ca/mho/licensing/child\\_care\\_facilities.htm](http://www.viha.ca/mho/licensing/child_care_facilities.htm)

<sup>34</sup>[http://www.health.gov.bc.ca/ccf/child\\_care.html](http://www.health.gov.bc.ca/ccf/child_care.html)

The information available on the VIHA and MoH websites, the orientation session and the application package and requirements offer a view into the textually-mediated regulatory landscape of child care in B.C.

### **Applying for a community care facilities license**

“I wrote more for my application than I did for my entire BA”

~Anna~

The acquisition (and maintenance) of a Community Care Facility License for family child care on Vancouver Island necessitates a tremendous amount of thought, organization, preparation, written and spoken English language proficiency, and willingness to subject oneself, one’s home and one’s family members (who live in the home) to scrutiny and assessment. Initially, the decision to pursue a license requires the writing, compilation, and/ or co-ordination of numerous supporting documents to be submitted with the one page application form.<sup>35</sup> Supporting documents include the applicant’s production of: policies, contracts, floor plans, a detailed description of the care program, a detailed list of toys and equipment, references including a form for the *Opinion of medical practitioner* (VIHA, 2008a), and original *Consent to a Criminal Record Check* (VIHA, 2008b) form for everyone over the age of 12 residing in or regularly attending the home of the applicant. Once an application has been submitted to the regional site of the CCFLP, a licensing officer will start a *facility file* for the

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<sup>35</sup> A list of required supporting documents to be submitted with the application for a CCLR is delineated in the Vancouver Island Health Authority’s *Steps to obtaining a community care facility license* accessible from the child care facilities page of VIHA’s website at [http://www.viha.ca/mho/licensing/child\\_care\\_facilities.htm](http://www.viha.ca/mho/licensing/child_care_facilities.htm).

applicant. The applicant must wait to be contacted for an Assessment of Suitability interview and a Health and Safety Inspection of her home.

Applicants are, according to the text of the *Steps to obtaining a community care facility license – child care* info sheet (VIHA, 2008c), to use the *Child care inspection checklist: Initial/ routine inspection* (VIHA, 2008d) to prepare for the arrival of their licensing officer. The initial home inspection is scheduled at an agreed upon time – during regular business hours. As such, the applicant has the opportunity to organize her home in the approximation of her understanding of what the CCFLP requires of family child care providers. It is incumbent upon the applicant to read, understand, provide for, and comply with the B.C. *Community Care and Assisted Living Act*, the Child Care Licensing Regulation and the Director of Licensing Standards of Practice. VIHA's *Child care inspection checklist: Initial/ routine inspection* (VIHA, 2008d) concisely synthesizes these texts for a quick reference that breaks down the requirements of the regulatory texts into the individual components so as to be able to swiftly assess and check for one's compliance.

Depending on the applicant's municipality, the work and potential expense of pursuing child care licensing may be greater than anticipated. Procuring the approvals required from one's municipality in order to operate a home-based business differs between municipal jurisdictions within each health authority region. The acquisition of a business license will be part of the paperwork and work processes required by the CCFLP. Some municipalities accept the involvement of CCFLP licensing officers as sufficient to fulfill requirements pertaining to the application for the business license legally necessary to do paid child care from one's home. Other municipalities, however,

have their own inspections – pursuant to local by-laws – that need to be conducted prior to the processing of an applicant’s business license. The applicant is also required to authorize an inspection to be conducted by the local fire department. How a family child care provider and her family can live in their home and what modifications may need to be made is largely influenced by legalities that she may have had no knowledge of before embarking on her application for the Community Care Facility License. Her contact with the municipality will also alert her to the number of children that can come to be in her care, although maximum numbers for family child care are provincially legislated, the municipality may impose further restrictions – regardless of what provincial legislation delineates and what VIHA’s CCFLP suggests.

During, if not prior, to her application process, an applicant needs to ensure that she holds and/ or acquires a valid First Aid and CPR certificate<sup>36</sup> and has “completed a course, or a combination of courses, of at least 20 hours duration in child development, guidance, health and safety, or nutrition...”<sup>37</sup> <sup>38</sup> The applicant is required to submit copies of all training certificates to her licensing officer for her facility file. The CCFLP child care application process can take six to eight weeks (CCFLP, 2008a: 12) from the point when the applicant submits her completed application with all supporting documentation and a licensing officer generates a facility file to when a Community Care Facility License is issued to the new licensee. Upon being licensed, the licensee is

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<sup>36</sup> B.C. CCLR Reg. 332/2007: 3:1:23(a)

<sup>37</sup> B.C. CCLR Reg. 332/2007: 3:2:29(c)

<sup>38</sup> The CCFLP does not require providers to continue training over time. If, however, a provider is also a licensed early childhood educator, in order to maintain her licensed status as an ECE she will be required to prove completion of 40 hours of training within every five year period (referencing Trudie 460 and MCFD ).

deemed to have met the health and safety standards required for the operation of a community care facility.

### **The routine inspection**

Routine inspections are part of the monitoring function of CCFLP staff that health authorities are mandated and contracted to carry out in accordance with the *Community Care and Assisted Living Act* and the Child Care Licensing Regulation. Routine inspections are unannounced. Once a family child care provider is established (e.g., she has been operating her facility for more than six months), the frequency with which she can expect routine inspections is based on the risk assessment level she is awarded in her first unannounced health and safety inspection. Licensing staff impart that inspections occur every six, twelve or eighteen months depending on whether a facility is deemed a high, medium or low risk respectively (VIHA, 2008e). Informants described the routine inspection as a stressful experience for myriad reasons, though by their assertions Anna, Trudie and Diana had, in some instances, not had inspections in over two years. Carly, on the other hand as a newer licensee, and as a provider who had what turned out to be an unsubstantiated complaint<sup>39</sup> levied against her, describes the routine inspection as a matter-of-fact requirement of her job stating:

[The licensing officer] checks to make sure things are child proofed. Like locks on things that have danger, you know like [gestures to the fireplace], under the sink, any medicines, knives, electrical outlets. She makes sure the cubbies in the hall are still

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<sup>39</sup> An unsubstantiated complaint is a complaint received by the health authority's CCFLP staff that is investigated and deemed to be either: 1) outside the jurisdiction of the authority granted to the medical health officer and delegated staff, or 2) without substantive merit for a complaint.

there. That's a requirement of licensing as well that everything is individual for the children. Apparently it stops cross contamination – although I don't really see how. She checks the hot water to make sure it's not too hot for the kids but not so cold that won't it kill bacteria with soap. She checks to make sure there's enough stools in there (Carly gestures to the dining room) for the kids, obviously that everything's clean (95)... They check my – that I'm doing a fire drill every month with the kids, so I do that...

**Naomi:** what does that look like doing a fire drill with the kids?

Basically, you can set off the alarm. I typically don't. It's more for me than for them. They don't really understand, but for me because if there was a fire I'd have to get them out safely. I don't practice using the fire extinguisher. I don't know if I'm supposed to or not, but I never have like actually opened it up and sprayed something. But getting kids shoes on, getting their coats on and getting them out the door, grabbing the first aid kit, getting them down the stairs into the stroller or into whatever my designated meeting area in case there's a fire in the house. Basically, I just ...[write down] who was the adult there, whether it was me or Dan, or if we both did it together, how many kids and the names of the kids that I did it with ...how long it took me to evacuate the house and then I initial. ... they come they check my outdoor hazard check, my sign in/ sign out log, my fire log, my incident log as well - where I record anything that happened where I've had to call parents and say "oh your child like got diarrhea, you need to come pick him up." Any contact I make with the parents needs to be recorded. Anything that basically isn't a reportable incident – there's reportable and non-reportable. Reportable means to report to them – like if a child falls down the stairs and gets a concussion and has to go to see the doctor – that I need to report to [licensing].

And based on that information that they get from me, they can do a follow-up inspection. Like, okay, why did the child fall down the stairs? Is there something that you need to change in your daycare –and that can bring your hazard level up, ‘cause you have a hazard level on like how risky your daycare is. Like if you have stairs without a railing, they give you a level, if something happens where you need to report an incident then your levels can go up (141).

To keep up with what needs to be recorded, Carly created an ‘outdoor hazard safety check’ form that she can sign off each day as verification for her daily practice when the next licensing officer appears for a routine inspection. She has learned through previous inspections that licensing officers will want to know that she has conducted this task.

Carly states that the licensing officer:

also makes sure that I’m keeping up on my outdoor hazard safety check. Everyday I’ve got to scan my yard, make sure – I have a dog so she checks to make sure that there’s no dog poop. ... It’s all about the kids and making sure their safe, you know, no poisonous berries, no poisonous mushrooms laying in the grass, that type of thing, or as far as toys being broken or damaged, boards being loose, nails sticking out, that sort of things.

**Naomi:** So what do you do to do that scan?

I just go outside. I do a loop, I have a scoop and pick up the dog poop ... basically just look for anything that looks out of place, or [that] someone can hurt themselves on. I go back inside and I have a piece of paper that has the date, the time, was there any hazards yes or no, what was the hazard, and what did I do to remove that

hazard – whether its re-nail that fence post or pick up that thing of pooh – and then sign off.

**Naomi:** And where did that sheet come from?

I print it myself. I used Excel. I made a simple chart that has like five or six columns and lines for every day of the month going down – it saves me a lot of work, just print one off every month, fill it in and sign off.

**Naomi:** And why do you have that document to verify that you've done that scan?

It's to back myself up, to prove to them that I'm doing it. They make sure that I have it. If I have an inspection every six month or every twelve months, she'll just look through and "okay, you did it, you did it, you did it." As well as if a child were to ever get hurt in my yard, I have to show them that I wasn't neglecting doing my duty that you know, if for whatever reason there was something there that the child put in their mouth, they can see that I'm usually on it. It's never happened but – I think with Licensing – it's all about preventing things from happening; it's preventing kids from getting hurt, it's preventing parents from complaining, like it's a job so it's just like a requirement, you know what I mean? (95-141).

Carly understands her compliance with the requirements as part of her job. She describes the development of a chart to record her daily outdoor hazards check. The chart provides evidence that she conducts this daily walk about her yard and that she is usually on top of any potential problems that could be found there. For other informants, the routine inspections bring into view notable tensions in their everyday work.

The routine inspection conducted by licensing staff is a specific and significant terrain in the regulatory map of child care in B.C. The inspection process provides a useful example of how texts organize work activity, which produces texts producing other facets of work activities, which in turn requires the attention to and/or production of more texts (as illustrated by Carly's development of an outdoor hazard safety check form). Licensing officers' work during a routine inspection is organized to attend to the requirements for licensing as laid out in the regulatory texts that are legislation, standards of practice and policies. The VIHA's *Child care inspection checklist: Initial/ routine inspection* (see Appendix B) encompasses all the requirements of licensees delineated in these regulatory texts. Licensing staff conducting routine inspections – as well as family child care providers – can use the checklist as a quick reference to determine if providers are attending to all actions required for licensure. The routine inspection is the monitoring work carried out by licensing officers. Regulatory texts focus licensing officers' monitoring work on what they will see and interpret as compliance or non-compliance – those quantifiably measurable indicators meant to mitigate the perceived or potential risk to children's health and safety. The monitoring work of licensing staff is organized to attend to only those elements of health and safety defined in the regulatory texts and not to the child care providers' explanations, logic and/or evidence for practices that stray from text-based requirements.

Inspections are organized around ten health and safety categories: physical facility, equipment and furnishings; staffing; policies and procedures; care and/or supervision; nutrition and food services; medication; hygiene and communicable disease control; records and reporting; licensing; and, program (Appendix C). These categories,

and the specific outcome and/or prescribed indicators therein, are delineated to various degrees in the CCALA, the CCLR and the DOLSOP. These are the documents that form the foundation of the inspection checklist, a key text organizing the work of inspection conducted by licensing staff.

While the specific experiences and circumstances of doing family child care may be unique to the individual informants, the routine inspection conducted by licensing staff will translate the providers' particularities into standardized terms of compliance or contravention of the health and safety categories broken down in the inspection checklist. Licensing staff will draft an inspection report and conduct a risk assessment that identifies providers and their homes as low, medium or high risk in relation to those categories (CCFLP, 2008e:14).

Anna's description of her cleaning work below highlights both how she strives to comply with the requirements for compliance with the regulatory perspective of health and safety outlined by her licensing officer as well as how she stands by her decision to clean in a way she deems appropriate to her own ideas about health and safety in her home. In describing her cleaning activities, Anna illustrates how and why she conducts this work in the manner that she does:

Every Wednesday and Friday I do like a deep clean. So I mop the floors – vacuum and mop the floors. I wash [the children's] sheets every Friday. I wash the toys every Wednesday and Friday. I spray them down. Usually once a month I take them all and put them through a dishwasher cycle or after somebody's been sick I go through and do a dishwashing cycle. I don't really want to use bleach ... I wanted to use [an alternative cleaning]mixture and the licensing officer didn't seem to like that I was doing it. It is an

anti-bacterial mixture and it's just more organic and a little bit better for the kids putting it in their mouths. I don't really want bleach on the toys.... And the licensing officer didn't seem to like that at all....

**Naomi** – How did you know that?

She told me when she asked me [about] my cleaning regimen. I told her I was using [an alternative cleaning mixture] and she wanted me to use bleach. I said my parents aren't too happy about that. And as a parent I don't want my kids sucking on bleach either ... [the licensing officer] said that she didn't recognize that as a proper cleaning technique.

So what I do is, I bleach the harder surfaces, like the floors and the table that they eat off, my counter tops, the bathroom. And I use the [alternative cleaning] mixture for spraying on the toys – to clean the toys. So, I'm hoping that's enough considering we've only been sick once in the last six months, I think my cleaning is good (laughs). So again I try not to be too freakish about it. I think that the licensing officer probably would want me to do deeper cleanings ... but I think that we're doing okay. And I only have five kids here and it just seems I don't need to clean as heavy as if I had seven or more children here .... I usually focus on the toys that I know that they've been playing with .... Like there's a bucket of blocks that haven't been touched in three months. So I don't worry about cleaning those first. I clean all the match cars first and all the little play kitchen stuff first.... And I wipe down the books and all that kind of stuff. I really just focus my cleaning on whatever I see. And I don't think a lot of places would really agree with me on that, but that's the way I do it (318-355).

Anna organizes her week and cleaning regimen in a way that makes sense to her in the context of her days that are “just too long.” She privileges cleaning in a way that she asserts is “more organic and a little bit better for the kids.” Her gauge of the effectiveness of her cleaning is that they have “only been sick once in the last six months” – a noteworthy accomplishment for any setting with multiple young children. What makes sense for Anna in her home, however, is at odds with the requirements her licensing officer accounts for during her inspection. Regardless of the relative health of the children in Anna’s care and the contentment of the parents of those children, Anna’s use of an alternative to bleach in her cleaning does not conform to the standards informing her licensing officer’s determination of a ‘proper cleaning technique.’

Licensing officers interpret what they observe in their inspections in terms of standardized codes, categories and descriptions of non/compliance. The writing up of the inspection report is a work process that produces and reproduces a particular risk management discourse of *health and safety* that functions to reorganize the work of child care in ways that sometimes perplex and often frustrate family child care providers.

## Chapter Five: “How can she know my children are safe?”

“She shows up for an hour every couple of years, how can she know my children are safe?” ~ Trudie

Informants clearly articulate that regulation, as discussed in the context of their experiences of licensing practices, is necessary. Both Diana and Trudie ponder what might happen in some child care settings if there was no regulation; Anna considers licensing through the eyes of a parent wanting the assurance that child care is safe; and, Carly views regulation as “just part of the job.” Each of these informants, however, also describe activities that appear to have less to do with the actual health and safety of the children in their care and more to do with being able to demonstrate compliance with administrative policy and procedural requirements.

*“I worry about the amount of time they spend in your facility when you’re supposed to be caring for the kids.” ~ Diana*

While Diana states that “I totally agree with licensing” (537), she describes different experiences with licensing staff that highlight moments that compromise her ability to ensure the safety of the children in her care. In one instance, she describes individuals she had not previously met arriving at her home (where as a family child care provider, she works alone with numerous small children) stating that they were licensing staff from the health authority come to conduct a routine inspection. While she made the decision to let them in, she was uneasy about the possibility that potentially anyone with malicious intent and a little knowledge could craft a badge and claim to be from the

health authority and gain access to family child care homes. Another example Diana shares is that the time it takes to conduct the inspection is time where her attention is relocated from attentiveness towards the children in her care to the questions and requests of the licensing staff. In her description of the inspection process – from the tour of her home and producing the requested paperwork to the time that the licensing officers draft their inspection report – it can take up to two hours out of her time with the children. Depending on the time of day, this disrupted time can have a significant impact on both her work with the children in her care and on the children as she is too busy “jumping through hoops” (543) to be paying attention to them. Unlike in group child care settings, family child care providers typically work alone. Attending to the constant needs of young children while simultaneously responding to the expectations of licensing staff may compromise children’s safety as children “misbehave” (Diana, 541) when strangers are in the child care setting and/ or when the provider’s attention is focused elsewhere than on the children.

Diana further describes what she means by the “hoops” that family child care providers have to jump through in two examples that particularly confound her. In both examples, Diana highlights how the textually-mediated, extra-local decisions guiding the work of licensing officers supersede what she deems to be the common sense evidenced by her local practice. In the first example, she cites the conundrum her hot tub presents:

So for example, I have a hot tub on my back deck. The top of my house, the kids are never left alone up here because I mean it is licensed but it’s not, to me it’s not child proof – downstairs is child proof... – if there is a child up here, I’m right on them, you know, I

don't even turn my back up here because I have a staircase, and I've got spindles, ... there's still risky things even though they're acceptable. You have to go through my French doors to get to my hot tub. My hot tub, according to licensing has to have a lock on it. Okay, the hot tub I have you cannot get a locked lid for it. You know, ... there's no way a child could get up to it to lift that lid. I can barely lift that lid to get it up, but according to regulations it has to have a locked lid. So now, you know, I am climbing the earth to go through looking for some sort of a padlock system or whatever, but there's no way they [the children] can even get up there. I showed my licensing officer, you know this is my hot tub, I even got a letter from the hot tub place, they do not manufacture a locked lid for this hot tub because of the height of it, you know, and because of the weight of the actual lid that's on there. ...I got this letter "no, the regulations say it has to be locked" so now we've got to devise our own locking system for this hot tub, because "according to regulations," you know, so you do lots of stuff like that (Diana, 601-617).

Diana's explanation of how she monitors children in the area of the house through which individuals must go to access the hot tub on the back deck as well as her rationale that the height and weight of the hot tub lid make it extremely unlikely that children would ever actually be at risk of accessing, let alone succumbing to health and safety issues, of the presence of a hot tub on the site Diana's child care facility are outside the parameters for a licensing officer to accept as safe. Diana is required to devise a locking system for the hot tub of her own creativity and at her own expense, despite her certainty that children are not at any risk from the presence of the hot tub. In Diana's second example below, she describes her frustration with changes defining acceptable backyard playground equipment:

Three years ago they went on this big ban, and they banned all our playground equipment unless, you've probably heard about it, unless it had CSA [Canadian Standards Association] regulations on it. It [has to have]... this special stamp on it and everything. Well I had just spent 5000 dollars on re-landscaping my playground. My husband built the, you know, nothing over three feet, so the fall thing, and pea gravel is what they wanted and we put pea gravel down there you know. Probably about 5000 dollars into it and two years later had to be completely pulled out because it didn't have the stamp on it. And that's where I think they should have looked at stuff like that and said "okay, you gotta look at this playground." I mean we even went as far as putting rubber tiring on landscaping ties so that if a head went down on landscaping they hit a tire rather than the wood, you know, there's no playgrounds out there for even schools that are even like that, you know? So, sometimes it's like banging your head up against a wall when you're dealing with that sort of thing (Diana, 635-647).

Diana highlights that such regulatory expectations, as the implementation of Canadian Standards Association certified playground equipment, are unrealistic given the income earning potential of family child care providers (Diana, 652-53). She further highlights that anyone, whether parents, school children on a field trip with the teachers, large daycare centres or family child care providers can all access local playgrounds – many of which continue to have uncertified equipment (Diana, 621-22).

*"They come and look at stupid things like paperwork" ~ Trudie*

Trudie states that she has a "philosophical problem with licensing" (312), offering that licensing staff "...never ask me what I do with my children. And they never observe

how I speak to my children. ... There's no curriculum at all and there's only *health and safety*. Well *health and safety* is the minimum standards" (339-342).<sup>40</sup> She describes that

In the perfect world they'd have a team of CCRR [Child Care Resource and Referral staff] who came in and worked in your daycare for you one day a month and you went off and did some training. Because not only would they – when you have somebody work for you, you have to have a different level of care. You have to set up systems in place that somebody else can use. My sub has her ECE, runs a preschool. She's gonna tell me if she thinks I'm doing something wrong, or if she opens the drawer and there's all the knives are in there. Like she's gonna say [child's name] has a problem with his speech. I think people need to be actually physically on the ground and seeing this system (473-480).

In the absence of what she deems meaningful regulatory engagement, such as what she describes above, Trudie attends to what she expects a licensing officer might be most interested in but with an air that their focus has little bearing on the actual health, safety and most importantly the well-being of the children in her care. Drawing on the experience of one member of her network of family child care providers, Trudie describes being fore warned of a new written procedure required by licensing staff during inspections. While she does not recall being informed about the new requirements in the last two years since she had an inspection, she proactively takes action to avoid getting “nailed” (425) for not having the paperwork at her next inspection:

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<sup>40</sup> “The CCALA, the Residential Care Regulation, and the Child Care Licensing Regulation establish the minimum health and safety requirements that licensees must meet” (B.C. Ministry of Health, 2012).

So by the time my licensing officer comes again she'll say "Do you have –and for an example – an emergency preparedness plan?" now nobody's ever asked me officially for an emergency preparedness plan. But I'll get a big X on my license because apparently this is part of the new thing they want you to have an emergency preparedness plan. I happen to know that because in [organization name] somebody on that organization got nailed for that and created one and mailed it to everybody. So I changed the name of her daycare and put [the name of] my daycare [on it] and printed it out and put it in my file and I didn't even read it. But that's what they want. ... They're not going check that I have an earthquake kit, or anything. It's this form pushing – its higher then licensing officers its sorta like the government procedure that's come down and all they care about is paper, bits of paper and checking off (420-430).

Trudie's perspective that licensing staff, as informed by government procedure, are more interested in the administrative components of a discourse of health and safety than what is actually happening for children in the context of her care work is reflective of what the other informants' accounts suggest. While there are prescribed activities requiring child care facilities to ensure, for example, that water temperature is set for no higher than 49 degrees or that child care providers always have on hand emergency contact cards for each child in their care, several of the experiences described herein suggest that many requirements either do not work and/ or complicate the possibility of compliance for those engaged in family child care by tacking on requirements that have no meaningful purpose for the family child care providers "on the ground."

## Chapter six: Concluding thoughts

This research grew from a desire to better understand how regulatory requirements inform, shape and/ or otherwise constrain the work of family child care providers. I was interested in finding out what it was about doing licensed child care provision that so often inspired the family child care providers I came into contact with to make despondent statements such as, “It’s just another hoop to jump through,” in reference to changes in requirements such as those for training or the implementation of an emergency preparedness plan. Institutional ethnography is an approach to inquiry that simultaneously enables the researcher to: a) closely examine the everyday experiences wherein a statement such as, “It’s just another hoop to jump through” might be made; and b) search for what is happening – what social relations are embedded in and being operationalized – in the doing of family child care.

The women whose experiences and expertise are the foundation from which I have sought to explore the social organization of regulation embedded in family child care are each uniquely engaged in the everyday work of caring for, and financially supporting, their families. These women are also intrinsically linked together by practices stemming from the requirements of community care facility licensing. Their work, as is the work of all family child care providers in B.C., is defined as such within the provincial regulatory legislation. The license I saw hanging on Carly’s wall in early January of 2010 inspired a curiosity about the co-ordination of activities across sites involved in the non-parental care of children. The co-ordination occurring in the actual site of the everyday care work of the family child care provider makes visible the site that issues such a license and the sites that define and legitimate the possibility for such a

license to exist. Each of these sites, among others, contributes to a regulatory matrix of child care in B.C. The license in Carly's front entryway was an initial hint at how the homes and activities of family child care providers are (re)organized for the purposes of regulation. This social organization is also made manifest by virtue of the regulatory requirement that a community care facility license be displayed in a prominent location in the facility.<sup>41</sup>

The complications and consequences of regulatory practices become evident when family child care providers articulate their experiences. Though regulatory processes, such as licensing, are designed for the public good, those who put them in place may not have any way of knowing how the practices of the regulatory institution play out in the everyday activities of family child care providers. Exploring the institutional matrix regulating child care in British Columbia – as evidenced in the everyday work of family child care providers – has helped me to identify some potential unintended consequences of regulatory processes.

Through this research, I sought: 1) to highlight the experiences of family child care providers that illustrate some of the complexities of their everyday work, including the sometimes pedagogically confounding restrictions and/ or complications of contemporary child care regulation; and 2) to map and describe a regulatory matrix within which the activities of family child care providers are monitored by licensing staff for compliance in accordance with administrative policies and practices geared towards governing the child care sector rather than protecting the health and safety of children as claimed in the regulatory discourse.

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<sup>41</sup> CCALA, CCLR, 2007, B.C. Reg.332/2007, Section 11(1)

In the introductory chapter, I set the stage upon which to begin the unfolding of this particular exploration of regulation from the standpoint of mothers doing family child care. While mothers have always negotiated the care of their children from within the particular biographies of their individual families, there has been a growing awareness of a ‘crisis in care’ in B.C. where there are insufficient child care spaces to meet the demand. As with many other landscapes of care and social responsibility, child care is relegated to the private market in B.C. and is regulated through licensing. Some mothers – caught between the need to support their families financially and simultaneously to provide care for their children – make the decision to do what has come to be known as family child care.

In the second chapter, I discuss institutional ethnography as the mode of inquiry employed in this research. IE provided the means through which to be able to simultaneously explore the everyday activity of family child care providers and to map and begin to explicate the social organization of regulation operationalized and/ or made manifest therein. In this chapter I also introduced the family child care providers whose expertise in operating regulated child care facilities provided the local experience within and upon which extra-local requirements of regulation operate.

In the third chapter, I delved into the everyday world of family child care using thick description (Ritchie & Lewis, 2003) to convey the everyday activity at the local site. My intention in this chapter was to bring to light some of what actually happens in family child care in the words of family child care providers themselves. In so doing, I hoped to highlight the fluency and competency with which many aspects of regulatory requirements are integrated into the work these women do. I did this in part to contrast

the points of disjuncture they describe in reflecting on the work of being licensed, as delineated in chapter four.

Chapter four charts how family child care is made recognizable as such through regulatory texts and the text-mediated work of both licensing staff as well as child care providers. In this chapter, I explicate how the work of licensing is textually organized, providing an example of the *Child Care Inspection Checklist: Initial/Routine Inspection* (VIHA, 2008d) as one text that amalgamates the requirements listed in various regulatory texts to orient the work of both licensing staff and family child care providers towards the regulatory texts referenced therein. I also explore the tensions created in moments when the extra-local regulatory requirements for health and/ or safety clash with the everyday worlds of family child care providers. In describing these moments of disjuncture, I seek to illustrate how regulatory texts focus licensing officers' monitoring work on what they will see and interpret as compliance or non-compliance – those quantifiably measurable indicators meant to mitigate the perceived or potential risk to children's health and safety. Providers' explanations, logic and/or evidence for practices that stray from text-based requirements are outside the bounds of what constitutes compliance. One such example is Anna's description of her rationale for not wanting to use bleach in her cleaning regimen because she deems this as unsafe for children who put toys in their mouths.

In the fifth chapter, I show that a regulatory discourse of health and safety is at play wherein regulatory requirements emphasize an adherence to administrative practices. While these administrative practices may require written records outlining how a family child care provider attends to the prescriptive requirements, providers experience a disconnect between the "little bits of paper, and checking off" (Trudie 430) and the

work they do in their everyday practice to minimize potential harms in their child care homes. The regulatory emphasis on particular verifiable indicators of health and safety makes the work of licensing staff replicable across family child care facilities, contributing to the standardizing of what and how activities should happen in family child care.

### **Areas for further research**

The family child care setting is a complex site of competing discourses and emotional and physical demands. It is a site of regulatory (dys)function and economic ambivalence. While child care continues to be extensively researched across a myriad of themes (including: pedagogy, developmental benefits for children, economic benefits for families and/or society, women's social rights as citizens, subsidized and/or universal provision, among many, many others<sup>42</sup>) and disciplines, family child care as a setting in which primarily mothers work, and the regulation of family child care, have been largely ignored in academic research, beyond the issue of training (Bromer & Bibbs, 2011; Cox, 2005; Gable and Halliburton, 2003; Gable and Hunting, 1999; Koh & Neuman, 2009; Lanigan, 2011; Mooney & Stantham, 2003; Rusby, 2002; Taylor et al, 1999; Walker, 2002) and quality (Bordin et. al, 2000; Bradley et al, 2003; Hughes-Belding , 2012; Kyle, 2003; Mooney & Stantham, 2003; Norris, 2001; Pence & Goelman, 1991). This inquiry highlights some of the complexities in the work of family child care providers and indicates that a review of the regulatory requirements for family child care providers may

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<sup>42</sup> See, for example, Childcare Resource and Research Unit at <http://childcarecanada.org/>.

be in order – including an examination of the options for the regulation of family child care as a distinctive category of child care.

Engaging in this inquiry has also highlighted for me the need for further research into licensing as the activities of individuals working in the health authorities' community care facility licensing programs and as the program that functions as the monitoring arm of an institutional matrix of child care regulation.

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## APPENDIX A

### CHILD CARE LICENSING APPLICATION PACKAGE – September 2008

Cost: \$45.00

**Contents: In Red duo-tang folder**

**On left side of folder:**

1. Child Care Licensing Pamphlet
2. *Community Care and Assisted Living Act*
3. Child Care Licensing Regulation (B.C. Reg.332/2007, Deposited Nov. 8, 2007)
4. Standard of Practice - Safe Play Space
5. Standard of Practice – Family Child Care (July 9, 2008)
6. Fire Safety Letter of Assurance – optional – only in areas where there is no fire department
7. Fire Approval letter (Nov. 2007) \*\* Central/North only
8. Municipal Zoning approval form (**on pale blue paper**)

**Pocket – CRC**

Criminal Record Review Info and Infosheet – Criminal Record Checks (Pkg. 8 pgs. total, dated Nov/06)

- Criminal Record Check INFOSheet (Sept. 2007) 1 page, double-sided
- Organization & Applicant Responsibilities  
Criminal Records Checks 1 page, double-sided
- Schedule Types - Criminal Record Checks 1 page, double-sided
- *Criminal Records Review Act* – Criminal Record Checks 1 page, single-sided
- Forms & Payment - Criminal Record Checks 1 page, double-sided
- Consent to a Criminal Record Check 1 page, double-sided
- Application for Pre-Authorized Credit Card Use 1 page, single-sided
- Application for a Fee Waiver 1 page, single-sided

**Pocket – Application Information (Plastic Sleeve) to be returned to Licensing Officer**

- Application for a Community Care Facility Licence form (with stickers on page 1 and 2)
- Building/Property Information form
- Summary of Qualifications and Work Experience (Nov. 2007)
- Assessment of Suitability – Written Questions
- Opinion of Medical Practitioner (Nov. 2007)
- Permission to Release Medical Information (Nov. 2007) (**on pale green paper**)
- Statement of Projected Monthly Revenue & Expenditures (Nov. 2007) (**on dark yellow paper**)

**Pocket – Reference Forms (Plastic Sleeve)**

- 3 Reference forms (and envelopes – all in a plastic sleeve)


**On right side of folder:**

9. Infosheet – Licensing of Child Care Facilities (Nov. 2007)
10. Infosheet – Steps to Obtaining a Community Care Facility License – Child Care (Nov. 2007)
11. Child Care Applicant's Supporting Documentation Checklist (Nov. 2007)
12. Licensee and Manager Declaration Letter (Nov. 2007)
13. Licensee and Manager Delegation Letter (July 2007)
14. Infosheet – Family Child Care (Nov. 2007)
15. Infosheet – Children's Indoor and Outdoor Playspace Plan (Nov. 2007)
16. Child Care Inspection Checklist – Initial/Routine (based on CCLR 332/2007)

1/2

17. Infosheet – Safe Release of Children In Care (Nov. 2007)
18. Infosheet – Repayment Agreements
19. Infosheet – Guiding Children’s Behavior (Nov. 2007)
20. Infosheet – Suggested First Aid Supplies for Child Care Facilities (Nov. 2007)
21. Infosheet – What is an Exemption? (Nov. 2007)
22. Infosheet – What Should I do if I think a child in my care has been abused...
23. Infosheet – *Freedom of Info. & Protection of Privacy Act (FOIPPA)*
24. Infosheet – Emergency Policies & Procedures (Nov. 2007)
25. Infosheet – Reportable and Non-Reportable Incidents: Information for Caregivers (Nov. 2007)
26. Where to find it! The BC Child Care Licensing Regulation at a Glance

## Appendix B

		<b>CHILD CARE INSPECTION CHECKLIST</b> <b>INITIAL/ROUTINE INSPECTION (based on CCLR 332/2007)</b>				
		Community Care Facilities Licensing Program		Inspection Complete <input type="checkbox"/>		
Facility Name		Inspection Report #		Date (dd/mm/yy)		
<i>This checklist inspection form is intended to assist Licensing staff during their inspections and is not part of the formal inspection report. Facility operators could also use this worksheet as a "basic" self-inspection tool.</i>						
Code	Item	CCLR	Complies			Observations
			Yes	No	N/A	
<b>LICENSING – NOTIFICATION</b>						
2070/ 3070	Notifies Licensing immediately of any change in information under Section 9 and Schedule B (e.g., application information including manager and employees information, structural changes, etc.)	10(1)				
2070/ 3070	Notifies parent or emergency contact immediately if child is ill/injured/involved in a reportable incident	55(1)				
2070/ 3070	Notifies Licensing within 24 hours of a reportable incident or communicable disease	55 Schedule H				
2070/ 3070	Notifies Licensing prior to structural changes to the facility (includes indoor and outdoor changes) and receives written approval from Licensing	10(2)(a)(b)				
<b>LICENSING – FCC/IHMACC</b>						
2030/ 3030	Licensee must not conduct any business or other activities that interfere with the facility space or the supervision, health and safety of children	35				
2030/ 3030	Licensee personally provides care within their personal residence and is a responsible adult (FCC) or an ECE (IHMACC)	2(e)(i)(ii) 2(h)				
2030/ 3030	<i>For FCC only, DOLSOP FCC also applies</i>	<b>DOLSOP</b>				
2010/ 3010	Licensee immediately notifies parents when the Licensee is absent and identifies the temporary replacement	36(2)				
	If the absence is for more than 30 consecutive days MHO has approved temporary replacement	36(3)				
2010/ 3010	Notifies MHO of intended absence for relevant education program	36(4)				
2030/ 3030	FCC – provided in personal place of residence (no outbuildings/detached structures)(no public buildings)	<b>DOLSOP</b>				
2030/ 3030	FCC – provision of family centred activities emphasized; opportunities for social, emotional, physical & intellectual growth provided; & adequate equipment to safely meet varying developmental needs of children in care	<b>DOLSOP</b>				
2030/ 3030	FCC – home-like environment provided (at a minimum - living room, kitchen, bedroom & bathroom); & size of area should be 3.7 m <sup>2</sup> /child indoors & 7 m <sup>2</sup> /child outdoors (at a minimum)	<b>DOLSOP</b>				
2030/ 3030	FCC – multiple service types not permitted to run concurrently	<b>DOLSOP</b>				
2030/ 3030	FCC – maximum # of children in care at one time is 7 – Rural & remote areas apply for GCC or MACC & concurrently apply for exemption to staffing requirement (each considered on its own merits & no increased risk to health & safety)	<b>DOLSOP</b>				
<b>LICENSING – POSTED DOCUMENTS</b>						
2070/ 3070	Post licence including any terms and conditions and the name of the manager (excluding FCC and IHMACC unless required by the MHO).	11(1)(2)				
2070/ 3070	Post certificates of Employees (i.e., any educator or assistant)	11(4)				
2070/ 3070	Post a copy of the fire drill system (i.e., diagram and procedures) in a prominent place	22(3)				
2070/ 3070	Licensee identifies their care program if advertising	11(3)				

Code	Item	CCLR	Complies			Observations
			Yes	No	N/A	
<b>RECORDS &amp; REPORTING</b>						
2070/ 3070	During an inspection/investigation a person must not obstruct a MHO, withhold, conceal or destroy any information	12(1)				
2070/ 3070	If requested during investigation, health & safety plan provided	12(2)				
2070/ 3070	Daily attendance records including time of arrival, time of departure and whether child is absent	57(2)(c)				
2070/ 3070	Log maintained of minor accidents/illnesses and unexpected events involving children and notification of a parent or emergency contact	56(f)(g)				
2070/ 3070	Completed record (registration form) for each child in care including: name, sex, birthdate, medical plan number, immunization record, photo of child, physician/ambulance consent, enrollment start/stop dates, telephone numbers for parent/guardian/physician/emergency contact, persons not permitted access, release of child, and identification of medical/allergy concerns	57(1)(2)(3)				
	Record of any special instructions respecting the child's diet, medication, participation in program, etc.	57(2)(h)				
2070/ 3070	Administration of medication is recorded (dosage, time, by whom, etc.)	57(2)(f)				
2070/ 3070	Records referred to in Section 57 (attendance and registration records) are kept for at least two years from the date the child is discharged from the facility	60(5)				
2070/ 3070	Keep in a single place at the facility records referred to in Sections 56-58 (care plans, children's records, facility records, staff records, etc.)	59(a)				
2070/ 3070	Keep all records (other than those referred to in sections 56-58) in a place where they can be retrieved in a reasonable amount of time	59(b)				
2070/ 3070	All other records kept for at least one year (policies, log book)	60(1)				
2070/ 3070	Character references immediately returned/destroyed for all persons no longer employed or ordinarily present	60(4)				
2010/ 3010	No persons over the age of 12 are ordinarily present while children are present, unless the person is of good character and has a CRC	20(1)				
<b>MEDICATIONS</b>						
2040/ 3040	Ensure medication is given in amount and times as per child's record and readily accessible to employees	53(1)(a)(b)				
2040/ 3040	Ensure medication is not accessible to any child except with parent permission and immediate access by a child to their own medication to ensure health	53(2)(a)(b)				
2010/ 3010	Competent employee present to administer medications or supervise a child self-administering their medications	53(3)				
2070/ 3070	Ensure staff who supervises self-medication of a child documents it in the child's care plan	53(4)				
<b>EMERGENCY MANAGEMENT</b>						
2000/ 3000	Emergency exits are clear at all times	15(1)(b)				
2000/ 3000	Fire extinguishers and smoke detectors are maintained	7(1)(b) CCALA				
2010/ 3010	Employees must be trained & practice implementing the use of emergency equipment, fire drill system monthly and an emergency plan annually	22(2)(a-c)				
2070/ 3070	Current records kept respecting the monthly fire drill and the yearly emergency drill	56(c)				
2010/ 3010	Children have, at all times, immediate access to an employee who holds a valid first aid and CPR certificate, is knowledgeable about each child's medical condition and can communicate effectively	23(1)(a-c)				
2000/ 3000	First aid kit is readily accessible at all times including off site	23(2)				
2000/ 3000	Communication equipment is readily available and reliable	22(4)				

Code	Item	CCLR	Complies			Observations
			Yes	No	N/A	
2070/ 3070	An emergency plan is kept that sets out procedures to prepare for, mitigate, respond to and recover from any emergency, & includes emergency exits & fire drill system approved by local assistant ( <i>Fire Services Act</i> )	22(1)(a)(b)				
<b>POLICIES AND PROCEDURES</b>						
2020/ 3020	Behavioural Guidance - is appropriate to the age & development of the child receiving the guidance, & a copy of policy is provided to parents and employees	51(1)				
2020/ 3020	Release of Child Policy	56(a)				
2020/ 3020	Repayment/Refund Policy	19.CCALA				
2020/ 3020	Care and Supervision Policy intended to guide employees (e.g., sick child, incident reporting, supervision, medication administration, emergency procedures, etc.)	56(d)				
2020/ 3020	Food and Drink Policy	56(e)				
<b>STAFFING (includes all employees including the manager, all students, volunteers and substitutes)</b>						
2010/ 3010	Manager must not manage more than one facility	18				
2010/ 3010	Applicable qualifications are valid (e.g., ECE/Assistant/Responsible Adult)	19(4), 25, 26, 27, 29				
2010/ 3010	Employees possess the personality, skills, training and temperament necessary to carryout their duties	19(2)(a-c)				
2010/ 3010	Absent employees or those who cease employment, are replaced by equivalent qualified staff for absences of more than 30 days and/or better or lesser or equally qualified staff as outlined in the table in Section 37(3)(b) for absences of less than 30 days	37, 38				
2070/ 3070	Current records required under Section 19(1) must be kept for each employee/for those ordinarily present for the entire time they remain an employee/ordinarily present	60(3)(a)				
2010/ 3010  2070/ 3070	Employee records obtained as per 19(1) (Criminal Record Check, Character References, work history, copies of applicable educational courses, Dr. note, immunization, TB), & employee records are complete	19 (1)  21, 56(b)				
2070/ 3070	All signed original forms authorizing criminal record checks retained for at least five years	60(2)				
2030/ 3030	Children are adequately supervised by qualified employees in sufficient numbers to meet the needs of each child	34(1)				
2030/ 3030	Children are divided into groups as per Schedule E	34(2) Schedule E				
<b>TRANSPORTATION</b>						
2030/ 3030	The driver of a vehicle in which the children are being transported is 19 or older & holds a valid permit to operate the type of vehicle being used	45(1)				
2030/ 3030	If more than seven children are transported in a single vehicle, at least one adult, not including the driver, is in the vehicle (except for FCC, IHMACC, and Group Child Care School Age)	45(2)(3)				
<b>CARE &amp; SUPERVISION (includes programming)</b>						
2030/ 3030	Compliance with licence/service type/maximum capacity/ages/group size/staff-to-child ratios (including first ½ hour and last ½ hour for MACC, GCC under 36 mos., GCC 30 mos. to SA or GCCSA)	2, 34 Schedule E				
2030/ 3030	Care does not exceed maximum number of hours	40(1)(2)(3)				
2030/ 3030	Notifies Licensing if providing overnight care and meets requirements for overnight care	41(1)(2) Schedule F				
2030/ 3030	Children are supervised at all times (e.g. field trips, napping, etc.) by a qualified person	39(1)				
2030/ 3030	A second adult is immediately available to supervise children in case the person responsible for supervising needs a replacement because of urgent and unforeseen circumstances	39(2)				

Code	Item	CCLR	Complies			Observations
			Yes	No	N/A	
2030/ 3030	Children are provided (except Occasional CC) with daily outdoor play periods (unless weather conditions make it unreasonable to do so)	44(3)(4)				
2030/ 3030	Children provided with opportunities for social, emotional, physical and intellectual growth	43				
2030/ 3030	A comprehensive/coordinated program of indoor and outdoor activities is provided as per Schedule G (e.g., balance between quiet/active and group/individual activities; activities and materials accessible to children; variety of materials provided for fostering creativity, concept building, communication skills, etc.)	44(1) Schedule G				
2060/ 3060	Close supervision provided for a child who is ill in a quiet, clean rest area	54				
2060/ 3060	A program to instruct children in the rules of health and hygiene has been established and practiced (e.g., appropriate handwashing practices: frequency, method, supplies, equipment), storage of personal items (toothbrushes, bedding, etc.)	46(1)				
2030/ 3030	Parents have reasonable access to children in care and parents/emergency contact can be readily contacted	49				
2030/ 3030	Reasonable steps taken to prevent persons not permitted access from accessing child	50				
2020/ 3020	No child in care is subjected to harmful actions or abuse	52				
<b>PHYSICAL FACILITY</b>						
2000/ 3000	Physical requirements are maintained (usable space excludes hallways, storage areas, fixed appliances and bathrooms) → 3.7m2 per child (except FCC)	14				
2000/ 3000	One toilet and one washbasin for every 10 children or fewer and are located on the same floor as the facility (except for FCC or IHMAACC)	14(2) 14(3)				
2000/ 3000	Water accessible to children is heated to no more than 49C or 120F	47				
2000/ 3000	Equipment, furniture and supplies are of sturdy and safe construction, easy to clean and free from hazards	15(1)(a)				
2060/ 3060	A healthy and safe environment is provided at all times (e.g., safe food practices are in place (storage, prep. and serving), diapering surfaces sanitized after each use; soiled diapers are stored, cleaned or disposed of appropriately, etc.)	13(1)				
2000/ 3000	The facility and the furniture, equipment and fixtures within it are clean and in good repair (e.g., reasonable level of cleanliness at all times, toys/equipment/furnishings sanitized regularly, etc.)	13(2)				
2000/ 3000	While children are in care, no one smokes on the premises of the facility or in any vehicle used to transport children	13(3)				
2000/ 3000	Children do not have access to any object or substance that may be hazardous to their health and safety (e.g., hazardous products/objects, fireplaces, appliances, half walls, entrapment hazards, window openings, unstable shelving units, storage of heavy objects, animal excrement, compost, garbage, firearms, ammunition, etc.)	17				
2000/ 3000	Indoor play materials are suitable for the age and development of the children and are safely constructed, free from hazards and in good repair (e.g., adequate and appropriate play equipment, play materials, furniture and supplies for the number of children in care; Licensee is aware of and follows manufacturer's instructions for equipment and furnishings – playpens, car seats, etc.)	16(4)(a)(b)				
<b>PHYSICAL FACILITY – DIAPERING AND NAPPING</b>						
2000/ 3000	Age and developmentally appropriate individual sleeping arrangements provided	15(2)				
	Children under 36 months provided with a separate sleep area located away from any activity area	15(3)				
2000/ 3000	Have a sturdy surface for changing diapers, located outside the food preparation area next to both a covered container for soiled clothing and a washbasin	14(4)				
2030/ 3030	Children positioned on their back unless they can roll over without assistance	42				

Code	Item	CCLR	Complies			Observations
			Yes	No	N/A	
2060/ 3060	Surfaces used for food preparation, storage or consumption are not used for diapering	48(2)				
<b>NUTRITION AND FOOD SERVICE</b>						
2050/ 3050	Healthy food and drink is provided in accordance to Canada's Food Guide	48(1)				
2050/ 3050	Food and drink are given in sufficient quantity and quality to meet the developmental needs of children	48(3)				
2050/ 3050	No child is fed by means of a propped bottle	48(4)(a)				
2050/ 3050	No child is forced to consume food	48(4)(b)				
2050/ 3050	No child is left unsupervised while eating	48(4)(c)				
2050/ 3050	Food not used as a reward or punishment	48(7)				
2050/ 3050	Safe drinking water is available	48(5)				
2050/ 3050	Information on the food & drink given to children available to parents	48(6)				
No code	Food premises permit (if more than eight children and Licensee is providing food on a regular basis)		Other items discussed – refer to EHO			
<b>CHILDREN REQUIRING EXTRA SUPPORT</b>						
2030/ 3030	Individual care plan for children requiring extra support includes: a diagnosis as made by health care professionals (HCP), courses of action recommended by HCP and resources (including adaptations) and modification of the program, therapeutic diet, medication, behavioural guidance, any other matter agreed to with the parent	58(1)				
2030/ 3030	Care plan must be developed in consultation with the parent and reviewed at least once a year with the parent	58(2)				
2030/ 3030	Employees must record compliance with the care plan	58(3)				
2030/ 3030	The program of activities is modified to address the needs of a child who requires extra support (with reference to the care plan)	44(2)(a)				
2030/ 3030	Modifications to program recorded in child's care plan	44(2)(b)				
2010/ 3010	Any employee caring for a child who requires extra support has the training and experience and demonstrates the skills necessary to care for that child	19(3)				
2000/ 3000	The physical structure of the facility is modified to meet the needs of the child who requires extra support	13(4)				
2020/ 3020	If care plan has instructions regarding behavioural guidance, behavioural guidance must be consistent with those instructions and restraint is only administered by a person trained in the use of, and alternatives to the use of, restraint	51(2)				
2050/ 3050	Licensee must comply with a child's care plan regarding food and drink even though it may differ from the Canada Food Guide	48(2)				
<b>OUTDOOR AREA</b> <i>Note: DOLSOP Safe Play Space only applies to outdoor equipment</i>						
2070/ 3070	Providing daily outdoor play in accordance with documents submitted with application (e.g., on-site, off-site, or activity plan) and/or notified MHO of change in plan submitted	10(1)				
2000/ 3000	At least 7m <sup>2</sup> of outdoor play area provided for each child (does not apply to Occasional CC or Family CC) For FCC only – an indoor and outdoor play area is provided for children	16(1) 16(2)				
2000/ 3000  1710  1100	Physical design considerations for supervision include: Developmentally age appropriate play materials and equipment; separate areas for active and quiet play, divided into sections appropriate for different ages (where possible – older away from younger children); open sight lines (visual access to all points of a play structure from at least two directions at any one point of the observation on a play site); equipment is placed to reduce direct exposure to sun	DOLSOP				

Code	Item	CCLR	Complies			Observations
			Yes	No	N/A	
2000/ 3000  1710	Use of pools, trampolines and other non-typical equipment has careful and detailed consideration on a case-by-case basis. Considerations include: whether the equipment meets the needs of children; what additional types of risk are involved; what necessary steps will be needed to ensure adequate active supervision; and how will staff ensure the equipment is used and maintained properly	DOLSOP				
2000/ 3000	Entire outdoor play area is enclosed and constructed in a manner suitable for the age and development of children; ensures the children are free from harm	16(3)(a)(b)				
2000/ 3000  1100	Playground surface must be free of standing water and debris such as poorly placed rocks, tree stumps and tree roots that could cause a child to trip and fall	DOLSOP				
2000/ 3000	Rooftop playspaces – considerations/precautions: sound levels, wind/sun exposure, building hazards (e.g., roof-top ventilation systems), surrounding factors: car exhaust, environmental pollution (factories), and emergency evacuation plans, etc.	DOLSOP				
2000/ 3000	Children do not have access to any hazardous object or substance, or to hazards arising from situation (e.g., hazardous products/objects/conditions, poisonous plants, doors leading to hazardous areas are latched/locked, animal excrement, garbage, compost, tools, designated outdoor play areas being use by other programs (i.e., school, sports, teams), half walls, deck railings, equipment/furniture/fixtures with sharp or loose parts, cracks, splinters, peeling paint, sharp edges, rust, etc.)	17				
2000/ 3000	Outdoor play materials are suitable for the age and development of the children and are safely constructed, free from hazards and in good repair (e.g., adequate and appropriate play equipment, play materials, furniture and supplies for the number of children in care). Licensee is aware of and following manufacturer's instructions for equipment and furnishings (i.e., playpens, car seats)	16(4)(a)(b)				
2000/ 3000	Safety equipment is properly worn, staff is aware of expectations of outdoor supervision and model appropriate play, and children are taught to be safe and responsible on playground (e.g., helmets, etc.)	DOLSOP				
2000/ 3000	Daily, monthly and annual inspections, as well as maintenance and repairs of the outdoor play area are performed and recorded	DOLSOP				
<b>INDOOR AND OUTDOOR PLAYGROUND EQUIPMENT</b>						
<i>Playground equipment may include indoor or outdoor slides, balance beams, climbers, upper body equipment, seesaws, merry-go-rounds, etc. Items that are not playground equipment may include: playhouses, picnic tables or other furnishings, indoor or outdoor toys, sandboxes, ride on toys, etc.</i>						
<input type="checkbox"/> NO	Indoor Playground Equipment (DOLSOP – Safe Play Space to be used only as guidelines for indoor playground equipment, therefore, if there is a hazard observed use another section of the CCLR or CCALA)	1910				
<input type="checkbox"/> NO	Outdoor Playground Equipment	1920				
Equipment Inspected		Fall Height	Equipment Inspected		Fall Height	
2000/ 3000  1000	Equipment not installed over concrete, asphalt or other hard surfaces (including dry grass)	DOLSOP	<input type="checkbox"/>			
2000/ 3000  1000	Protective surfacing is adequate depth and quality (consider surfacing table, Triax, etc.) Recommended depth guidelines for loose fill materials: minimum 15 cm (6 inches) for 1.5 meters (5 feet) equipment; minimum 30 cm (12 inches) for 2.3 meters (7 feet) equipment	DOLSOP	<input type="checkbox"/>			

2000/ 3000 1400	Protective surfacing zone is sufficient/Use zones around equipment are appropriate: generally extending 6 feet in all directions	DOLSOP	<input type="checkbox"/> <input type="checkbox"/>	
2000/ 3000 1710	Height of equipment – Highest play surface as reported by Licensee or observed by L.O: for toddlers (12 to 36 months) no more than .9 meters (3 feet); for preschool children (30 months to school age, no more than 1.5 meters (5 feet); for school-age children (attending school) no more than 2.3 meters (7 feet)	DOLSOP	<input type="checkbox"/> <input type="checkbox"/>	
2000/ 3000 1700	Structures that incorporate stairs, landings, ladders, tunnels, bridges, etc., have appropriate and secure safety barriers, guardrails and railings	16(4)(a)(b)	<input type="checkbox"/> <input type="checkbox"/>	
2000/ 3000 1210	Equipment is free of entrapment hazards – opening smaller than 9 cm (3.5 inches) or larger than 23 cm (9 inches). Use Head & Torso test probes	DOLSOP	<input type="checkbox"/> <input type="checkbox"/>	
2000/ 3000 1230	Equipment is free of entanglement hazards in areas of uncontrolled motion. Something around the child's neck becomes caught on equipment. Use Entanglement test device	16(4)(a)(b)	<input type="checkbox"/> <input type="checkbox"/>	
2000/ 3000 1100	Equipment is clean, free from hazards and in good repair (e.g., splinters, cracks, decay, rust, peeling paint)	15(1)(a) 16(4)(b)	<input type="checkbox"/> <input type="checkbox"/>	
2000/ 3000 1800	Staff educated re the correct use of equipment/ Manufacturers' instructions followed to ensure safety	DOLSOP	<input type="checkbox"/> <input type="checkbox"/>	
2000/ 3000 1100	When repairs/replacement cannot be made immediately, equipment is removed from service until repaired or ensure additional safety precautions are put into place	DOLSOP	<input type="checkbox"/> <input type="checkbox"/>	
<p>Note: CCALA = Community Care &amp; Assisted Living Act DOLSOP = Director of Licensing's Standards of Practice FCC = Family Child Care  IHMACC = In-home Multi-Age Child Care MACC = Multi-Age Child Care GCC = Group Child Care ECE = Early Childhood Educator  N/A = Not Applicable NAT = Not assessed today</p>				

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## Appendix C – Inspection categories

From: VIHA Web site:

[http://www.healthspace.ca/Clients/VIHA/VIHA\\_Website.nsf/CCFL-Frameset](http://www.healthspace.ca/Clients/VIHA/VIHA_Website.nsf/CCFL-Frameset)

**Physical facility, equipment and furnishings:** Licensees are required to maintain the facility, all equipment and furnishings in sanitary and working condition. Licensing officers observe and assess to ensure the facility and equipment is safe, free from hazards, in good repair, and has adequate space to accommodate residents.

**Staffing:** Licensees are required to ensure a facility has enough staff, who possess adequate training and experience, to meet the care, supervision and activity needs of the persons in care. Licensing officers ensure employees meet basic health and competency standards and are able to carry out their duties effectively.

**Policies and procedures:** Licensees are required to have written policies and procedures to guide all matters regarding care of residents. Licensing officers inspect to ensure that the facility has policies in place and that they are adequately communicated and implemented by staff.

**Care and/or supervision:** Licensees are required to ensure adequate care and/or supervision of the persons in care. They are also required to maintain and follow individual plans of care for every resident that include oral care, therapeutic instructions, medication administration and storage instructions and activity planning. Licensing officers audit care plans to ensure they adequately guide care providers in their duties to keep persons in care safe and meet their care needs.

**Nutrition and food services:** Licensees are required to store, prepare and deliver foods and fluids safely and ensure that the nutritional content of meals is based on Canada Food Guide and the needs of the persons in care. Licensing officers, licensing nutritionists and environmental health officers all have roles in inspecting facility nutrition and food services to ensure requirements are met. Environmental Health Officers may also be involved in larger facilities.

**Medication:** Licensees are required to store, administer and record the medications of the persons in care according to specific requirements prescribed by the regulations, and established by the medication safety and advisory committee which includes the pharmacist (physician is not part of this committee) Licensing officers examine/inspect medication administration records, policies, and storage practices to ensure legislated requirements are met.

**Hygiene and communicable disease control:** Licensees are required to ensure facilities maintain acceptable levels of hygiene. Licensing officers inspect for appropriate communicable disease control practices and other practices that would compromise the health or safety of persons in care.

**Records and reporting:** Licensees are required to keep records on facility matters and monitoring as well as report incidents where a resident was harmed or put at risk. Licensing officers inspect record keeping and reporting practices in a variety of area (medication, nutrition, patient care, financial practices etc) to ensure they are compliant with common and legal standards.

**Licensing:** Licensees have a continuing duty to inform the Medical Health Officer of any significant changes to the structure or operation of the community care facility. This category contains a number of administrative requirements that Licensing officers assess for compliance.

**Program:** Licensees must ensure residents are provided with indoor and outdoor recreation areas that are easily accessible and safe. Residents must be offered, without charge, an ongoing program of physical, social and recreation activities. Licensing officers look for a planned program that is designed to meet the needs of residents