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U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Child Care Bureau

A Snapshot of Trends in Child Care Licensing Regulations

By Sarah LeMoine, Researcher/Writer, National Child Care Information Center (NCCIC), Gwen Morgan, Senior Fellow for Child Care Policy, Wheelock College, and Sheri L. Azer, State Policy Coordinator, National Association for the Education of Young Children (NAEYC)

The following trends are derived from an ongoing comparative study of changes in child care licensing requirements dating from 1986. The comparative data were updated in August 2002. These trends are updated based on reviews of changes in the regulations,[1] information received from licensing staff directly, and other sources. This summary draws on data from the 50 States, the District of Columbia, and New York City, which has center regulations separate from the State of New York.

In their child care licensing regulations, States strive to protect the basic health and safety of children in out-of-home care. Licensing rules seek to prevent various forms of harm to children. These rules also form a baseline of adequate quality that is drawn by the States, representing the required level of quality in each State. This article focuses on three structural aspects of child care that can be regulated by States' licensing rules: 1) child:staff ratios; 2) maximum group sizes; and 3) staff qualifications and ongoing training. Research has shown that these interrelated areas have a significant impact on the outcomes for young children in care.

Child:Staff Ratios and Maximum Group Sizes[2]

Child:staff ratios, which define the maximum number of children per caregiver, are an important factor in the type and quality of interactions and relationships formed in out-of-home care. In a child care setting with children in large groups, it is difficult to develop responsive relationships between the children and the teachers.

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs: Second Edition includes the following recommendations: center child care should include a child:staff ratio of 3:1 for infants, 4:1 for toddlers, 7:1 for 3-year-olds, and 8:1 for 5-year-olds; maximum group size of six for infants, eight for toddlers, 14 for 3-year-olds, and 16 for 5-year-olds.

Group size is defined as the number of children assigned to a caregiver or team of caregivers occupying an individual classroom or well-defined space within a larger room.[3] Smaller group sizes help children and their caregivers to develop a sense of community. In particular, research emphasizes the importance of lower ratios and regulated group sizes for infants and toddlers.

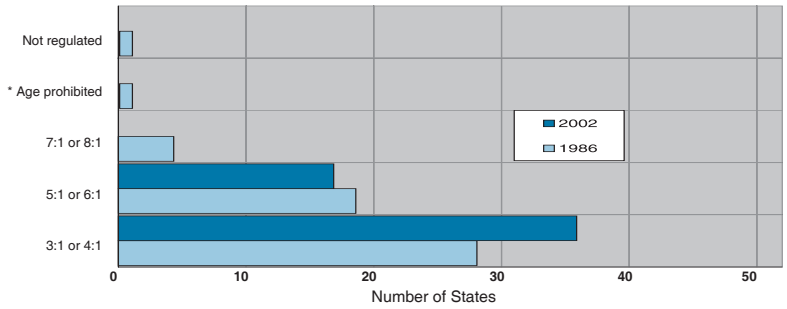
Licensing is the Prevention of Harm

- Any strategy for improving child care must address reducing the risk of harm to children. There are many research findings that show harm is more likely to come to children in programs with higher child:staff ratios and untrained teachers.
- There are at least four types of harm that can be documented:
  1) The spread of disease, not only among children and staff in the programs, but also in the community at large;
  2) The risk of fire in buildings, as well as other building safety hazards;
  3) The risk of injury; and
  4) The risk of developmental impairment.
- Quality has several levels, all of which are necessary. The basic level is the "good enough" level of acceptable quality which follows from the fact that programs should "first do no harm." This basic level of quality is addressed by licensing regulations.
- Licensing is responsible only for the prevention of harm to children. Quality can be found in higher levels of standards, such as accreditation and increased training and qualifications for child care staff.

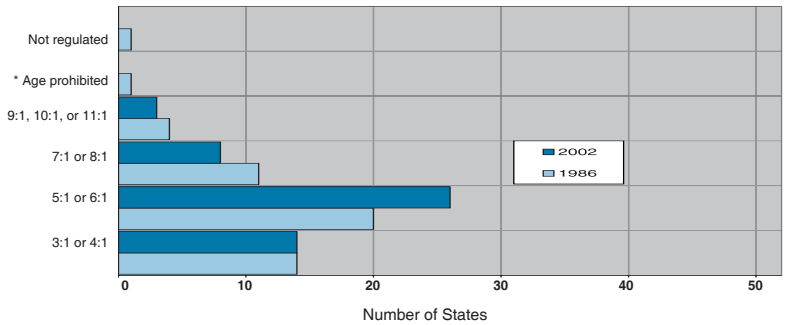
Center Child:Staff Ratios for Infants (9 months): Comparison of 1986 and 2002

Infant ratios have become more stringent; more States in 1997 set a 3:1 or 4:1 ratio than in 1986. The number of States (33) requiring a 3:1 or 4:1 ratio for infants remained the same from 1997 to 2001. In 2002, 35 States required a 3:1 or 4:1 ratio for 9-month-olds. A ratio of 4:1 is now the common requirement for infants in most States.

*State licensing rules prohibited age group from participating in center-based care



Center Child:Staff Ratios for Toddlers (18 months): Comparison of 1986 and 2002

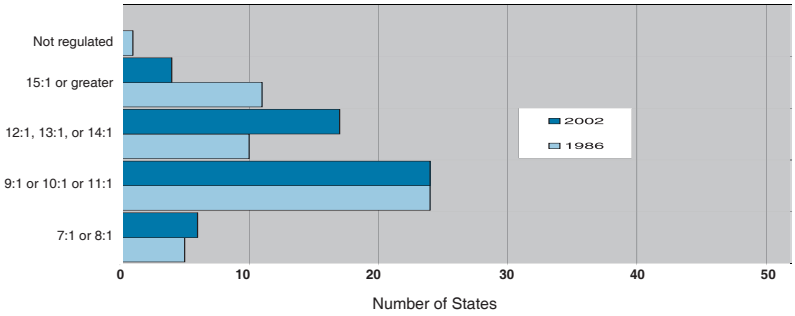


Over the past 16 years, toddler ratios have not improved as much as infant ratios. The small number of States (14) with a 3:1 or 4:1 ratio remained constant from 1986 to 2002. However, the number of States that require a ratio of 5:1 or 6:1 for toddlers increased from 20 States in 1986 to 26 States in 2002. The number of States with ratios higher than 6:1 has decreased over time.

*State licensing rules prohibited age group from participating in center-based care

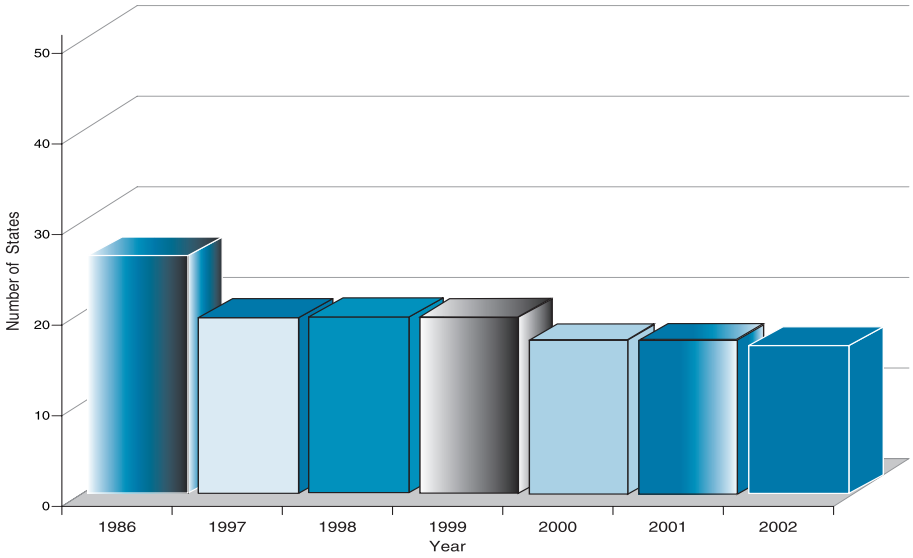
Center Child:Staff Ratios for Preschoolers (3 years): Comparison of 1986 and 2002

Preschool ratios showed improvements between 1986 and 1997. Since 1997, there have been few significant changes to the ratio requirements for 3- and 5-year-olds.

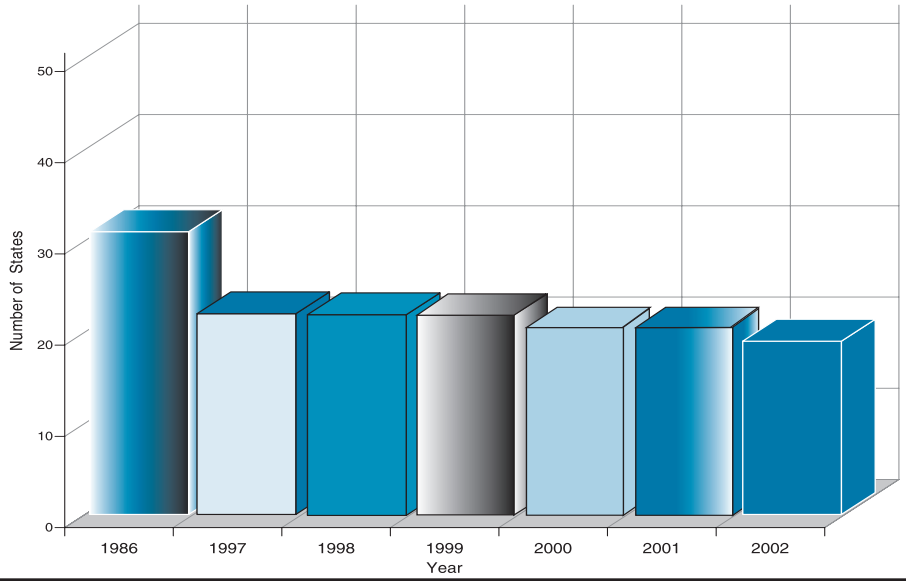


States with Unregulated Center Group Sizes for 9- and 18-month-olds: Comparison of 1986, 1997 through 2002

In 2002, fewer States leave group sizes for infants and toddlers unregulated than in 1986, when 26 States did not regulate group size even for these youngest age groups. Although since then, there has been a considerable increase in the regulation of group sizes for infants and toddlers, 15 States still do not require maximum group sizes for these age groups.



States with Unregulated Center Group Sizes for 3- and 5-year-olds: Comparison of 1986, 1997 through 2002

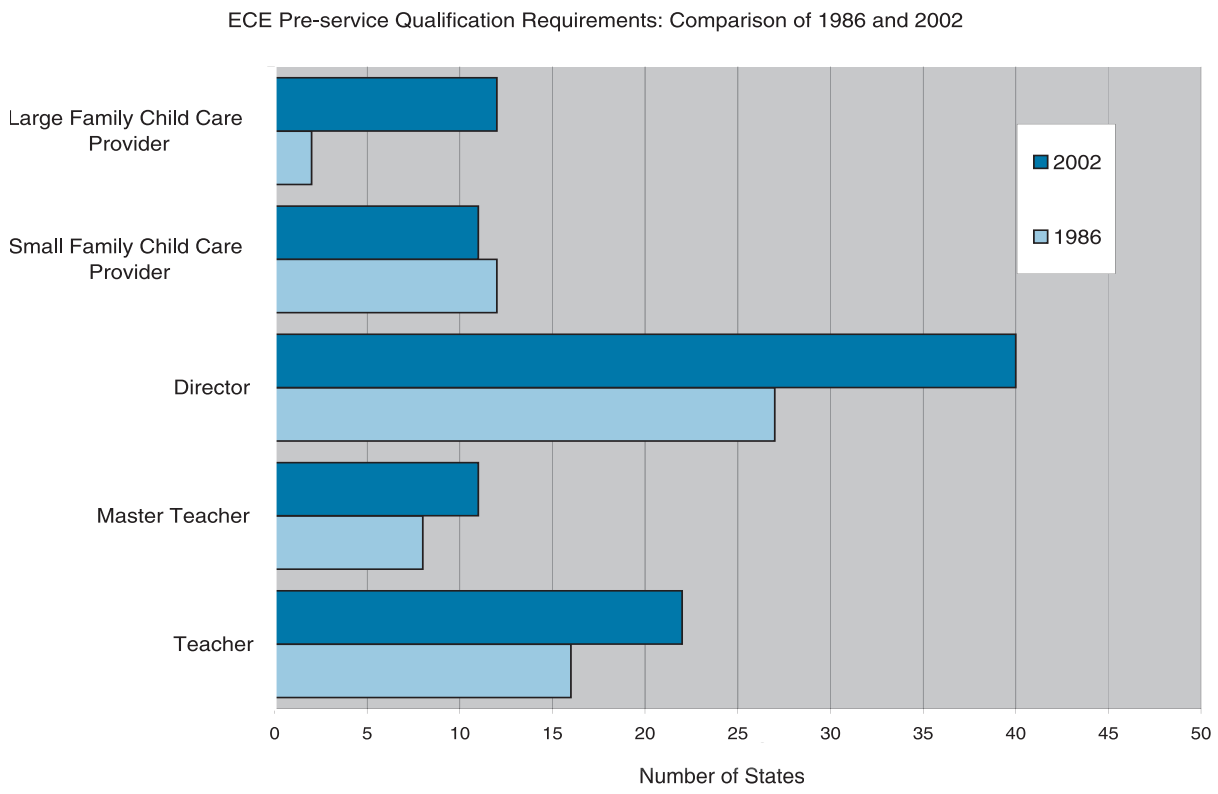


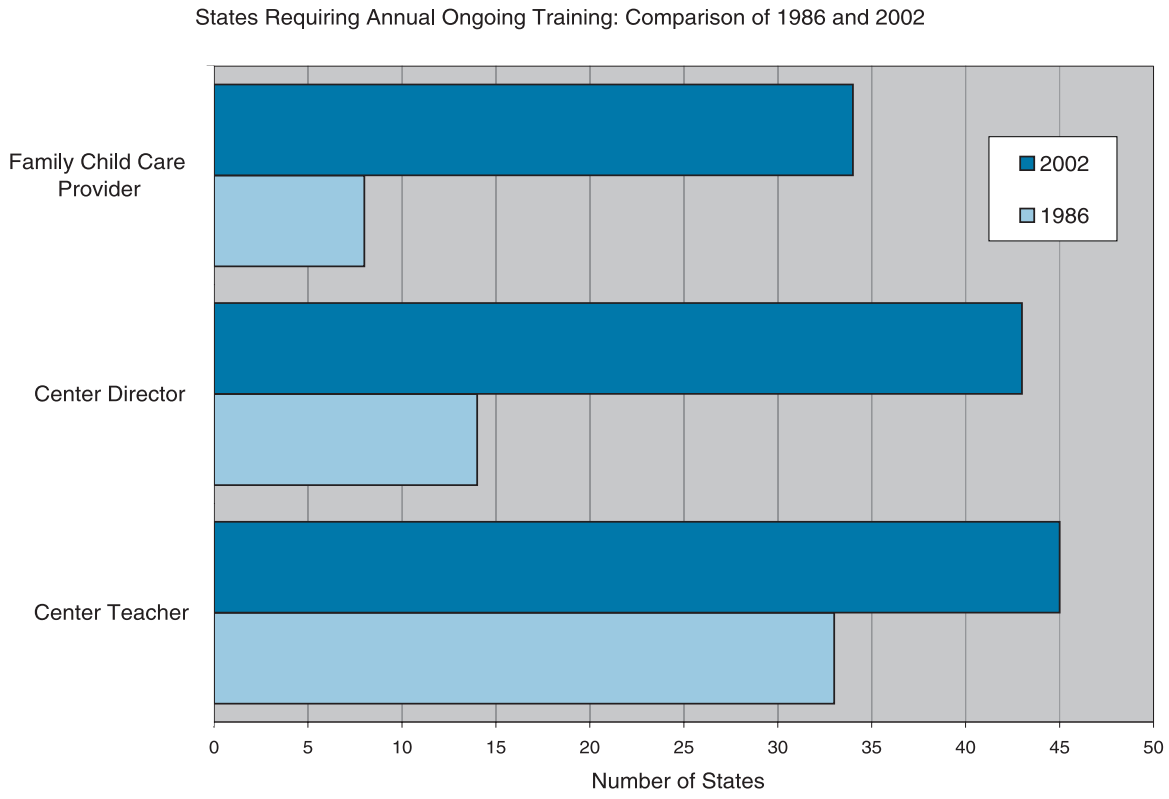
Group size requirements for 3- and 5-year-olds have also improved since 1986, when 31 States did not regulate group size for preschool children. In 2002, 19 States do not regulate group sizes for 3- and 5-year-olds.

Staff Qualifications and Ongoing Training

Studies have shown that staff education and training in child development and related fields positively impacts the quality of care children receive. However, staff requirements in licensing regulations show considerable variation from State to State. There are two general types of training requirements—pre-service qualifications (i.e., education prior to qualifying for a job) and ongoing or annual hours of training. Additionally, some States have an orientation requirement in lieu of, or in addition to, pre-service qualifications. States' pre-service qualifications required for roles in child care programs range from experience to college degrees. Many States offer various alternative routes for pre-service qualifications. States may require pre-service education only, ongoing hours of education only, or both.

States can specify in their regulations that training must be taken in early childhood education, child development, or other child-related topics. In order to avoid practitioners meeting the training requirements (both pre-service and ongoing) with training all in one content area, States can specify that training must be distributed over a number of different topic areas.





Since 1986, States have been adding the requirement of annually required training. The number of States requiring ongoing training for center-based staff plateaued from 1999 to 2002. From 2001 to 2002, there was a slight increase in the number of States that required family child care providers to participate in annual ongoing training.

Center Teachers

From 1986 to 2002, six States added to their center licensing regulations the requirement that teachers have pre-service qualifications with specific training in early childhood education (ECE). An additional six States enhanced their pre-service requirements in 2001, perhaps signaling a renewed trend toward improving the qualifications of center teachers. However, in 2002, 30 States still did not have ECE pre-service requirements for center teachers. Two States required Secondary School Education in ECE; nine required some clock hour training in early childhood development; six States (DC, HI, IL, KS, MN, NJ) required center teachers to have a Child Development Associate credential (CDA) or similar credential; three States (CA, VT, WI) required some college credit in ECE; and one State (RI) required a Bachelor's degree with ECE coursework. In 2002, 52 percent of States required only ongoing training each year, without any pre-service qualifications for center teachers. Nine States (AK, ME, MA, NM, NC, RI, SD, UT, WI) have an ongoing training requirement each year that is 20 hours or more. About one-third of States required both ongoing and pre-service training.

In 1986, 10 States regulated the master teacher role. States often call this position a lead teacher, head teacher, fully qualified teacher, or supervisor. This role is generically labeled "master teacher" to re ect that this person has more training and skills than other classroom teachers. In 2002, 15 States regulated this role, and 11 of the 15 States required master teachers to be qualified with ECE training prior to working with children.

Center Directors

Most States require directors to have education in child development, but very few require any administrative content in the training of directors. In 1999, only six States required any specific training in administration for center directors. As of August 2002, nine States had specified requirements for administrative training of directors. In 2001 and 2002, 11 States changed their requirements for directors' qualifications. Most of these changes increased the requirement for knowledge of child development and did not include requirements for administrative training.

Family Child Care Providers

A *small* family child care home is defined as one provider legally caring for one or more unrelated children in the provider's residence. One provider can care for the maximum number of children allowed. A *large* family child care home is defined as two or more providers (or one provider and one or more adult assistants) legally caring for one or more unrelated children in the residence of one of the providers. In addition, there must be a child:staff ratio requirement that either stipulates that more than one adult must be present at all times or that is based on the ages of the children in care. *Large* family child care homes are called group child care homes in some States.

From 1986 to 2002, there was a 600% increase in the number of States requiring pre-service qualifications for large family child care providers. The number of States requiring specified ECE pre-service qualifications for small family child care providers decreased since 1986. In 2002, only one State—Vermont—required a CDA as a pre-service requirement for small family child care providers. Only 10 other States had any ECE-related pre-service requirements for small family child care homes, all in the form of clock-hour trainings.

Ongoing training hours remained the most common required format of provider training. This training is generally required per one-, two-, or three-year licensure periods. The typical number of required annual ongoing hours remained quite low. In 2002, only 13 percent of States in their small home regulations and only 28 percent of States in their large home regulations required providers to have more than 12 hours of annual ongoing training. Most States mandate training in CPR and basic health and safety topics in their ongoing training requirements. Some States specify other suggested or required content areas such as basic child development, curriculum, and classroom management topics.

Increasingly, family child care regulations have been including ECE-specified training in orientations and initial licensure periods. As of August 2002, 11 States required ECE training in orientation or preliminary licensure for small and/or large family child care providers.

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[1]From licensing regulations posted on the National Center for Health and Safety in Child Care's Web site: *http://nrc.uchsc.edu*.

[2]For purposes of comparison, the authors examined State licensing requirements affecting children ages 9 months ("infants"), 18 months ("toddlers"), and 3 years ("preschoolers").

[3]Definitions of child:staff ratio and group size are excerpted from *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition*, 2002.

For more information, contact Sarah LeMoine, NCCIC, 243 Church Street, NW, 2nd Floor, Vienna, VA 22180; Phone: 800-616-2242; Fax: 800-716-2242; TTY: 800-516-2242; E-mail: slemoine@nccic.org; or contact Gwen Morgan, Wheelock College, 200 The Riverway, Boston, MA 02215; Phone: 781- 259-8645; E-mail: GwenMorWFD@aol.com.

Visit NCCIC's Web site for additional licensing information:

- *Information about child care workforce qualifications: http://nccic.org/faqs/qualifications.html*
- *NCCIC Searchable Database: http://nccic.org*

New Resources on Licensing

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2nd edition is a nine-chapter volume covering topics including program activities for healthy development, appropriate staffing, health promotion and protection, nutrition and food services, safe facilities and play areas, prevention of infectious diseases, and serving children with special health needs; administration and policy development; and recommendations for the licensing function. The revised standards are guidelines for child care providers, early childhood educators, parents of children in child care, health professionals serving child care, and State officials responsible for watching over the health and safety of children in child care. The new edition, co-developed and revised by experts from the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA), includes standards based on new knowledge on such topics as appropriate brain development, proper infant sleep position, nutritional requirements for healthy growth, and managing prevalent chronic illnesses. A rationale accompanies each standard to explain why the guideline is important in protecting a child from harm and encouraging healthy development. *Caring for Our Children* is available on the National Resource Center for Health and Safety in Child Care Web site at *http://nrc.uchsc.edu*. *To order a print copy, contact the AAP at 1-888-227-1770, or contact the APHA at 301-893-1894.*

- The Back to Sleep campaign has been instrumental in encouraging infant back sleeping. The campaign is sponsored by the National Institute of Child Health and Human Development (NICHD), the Maternal and Child Health Bureau, the AAP, the SIDS Alliance, and the Association of SIDS and Infant Mortality Programs. For additional information on the Back to Sleep campaign and preventing Sudden Infant Death Syndrome (SIDS), visit NICHD's Web site at *http://www.nichd.nih.gov/sids/* and the Healthy Child Care America (HCCA) Web site at *http://www.healthychildcare.org*.

- The Chicago Infant Mortality Study, released this fall, demonstrates the strongest support to date for placing infants on their backs for sleeping. Further information about this study can be found on NICHD's Web site at *http://www.nichd.nih.gov.*

State Automation Can Save on Licensing Costs, Study Suggests

A recent study conducted by Kinderstreet Corporation—the *Child Care Licensing and Subsidy Cost Study*—estimates that over $1.3 billion is spent annually by States on paper-based data collection and reporting in the areas of child care licensing and subsidized child care reporting. One of the key findings is that State governments are moving toward online reporting processes.

Examples of these findings include:

- Some States (MT, OK, and TX) have invested heavily in developing or upgrading their licensing database automation systems.
- More States or counties (including AR, FL, MT, OH, WV, and AK) are utilizing electronic handheld units during inspections.
- More States (FL, NC, OH, and TX) have inspection information online.
- Many States now have Web access to a list of all licensed facilities. This generally includes information on quality ratings of providers, which shows the level of quality attained by their program.
- More States have posted their proposed licensing requirements online with the ability to make comments.
- At least one State (OK) has converted its subsidy system to EBT. Other States have recently signed contracts to develop and implement the same system, while many other States are exploring this possibility. These systems may have links with State licensing systems.

For more information, contact Tammy Fleur, Kinderstreet Corporation, Phone: 734-822-2180, ext. 29; E-mail: t eur@kinderstreet.com; or visit http://www.kinderstreet.com on the Web.

Foundation for Training: The *NARA Licensing Curriculum*

By Pauline D. Koch, Executive Director, National Association for Regulatory Administration (NARA)

Child care licensing is critical to the protection and appropriate care of children in out-of-home care. One of the primary components of an effective licensing program is sufficient, qualified and well-trained licensing staff. How do licensors get their training and education in the fundamentals of licensing? Since it was originally published in 1988, the *NARA Licensing Curriculum* has become the primary resource for training human care licensing staff.

In 12 chapters, the *Curriculum* covers topic areas such as regulatory concepts, rules formulation, the phases of the licensing process, balanced use of authority, provider support services, enforcement of the licensing rules, managing complaints, handling illegal licensing operations, measurement tools, and ethics in licensing practice.

The *Curriculum* aims to:

- Aid providers in reinforcing the importance of licensing to their staff;
- Supplement courses on human care in colleges and universities; and
- Help policy-makers at all levels gain a greater awareness of and appreciation for the importance of licensing.

The *Curriculum* is used in varied settings to train licensors and to assist licensing agencies. Sessions at the NARA Annual Licensing Seminar and at related regional and national conferences focus, for example, on specific chapters of the *Curriculum.* In addition, States' and provinces' in-house trainers and NARA-approved trainers use the *Curriculum* to train licensing staff.

Written by practitioners, for practitioners, the recently revised and expanded *Curriculum* remains true to the purposes and goals NARA established in 1986 when work began on the original edition:

- To preserve some of the seminal literature and concepts developed by leading theorists and practitioners in human care licensing;
- To deliver to NARA members, licensing professionals, and colleagues in related professions a body of knowledge about the theory and practice of human care regulation;
- To assist licensing agencies with orientation and basic training to prepare new staff for the rigors and responsibilities of licensing; and
- To promote public understanding of human care licensing fundamentals and the role that sound licensing plays in protecting consumers, families, and providers.

NARA, an international membership organization founded in 1976, has more than 400 members representing all areas of licensing, with over 60 percent from the early care and education field. For more information, contact the NARA Western Office, 26 East Exchange Street, 5th Floor, St. Paul, MN 55101; Phone: 651-290-6280; Fax: 651-290-2266; E-mail: erice@ewald.com; or on the Web at http://www.nara-licensing.org; or contact Pauline D. Koch, Phone: 302-234-4152; Fax: 302-234-4153; E-mail: Paulinekoch@aol.com.

NARA's 2003 Licensing Seminar will be in Portland, ME on September 14–17.

Delaware's Training for Family Child Care Providers

By Ann Ryan and Joan Carlson, Delaware Office of Child Care Licensing

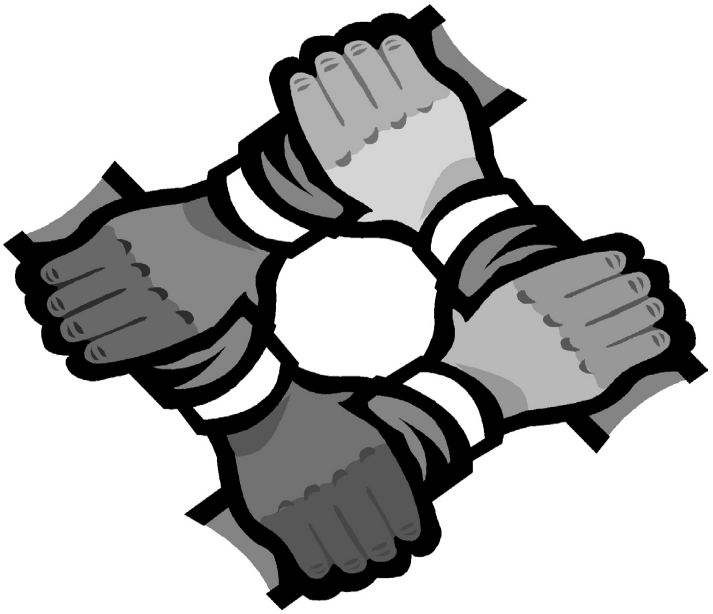
Orientation training for providers has predominantly focused on basic health and safety issues, such as CPR and first aid. In hope of better preparing their family child care providers, Delaware has recently taken a different approach by including early childhood education topics in its orientation trainings. Delaware's format for doing so is shared in the following article.

In the State of Delaware, anyone who cares for children for compensation must obtain a license. One of the requirements to become a licensed family child care home provider is attending a six-hour orientation class facilitated by an Office of Child Care Licensing Specialist. Orientation includes the following basic goals:

- Familiarizing potential child care providers with the State regulations and the Office of Child Care Licensing;
- Verifying that the applicants have complied with pre-service requirements such as first aid and CPR training, fingerprinting, and health appraisals;
- Giving applicants an appreciation of what their new professional venture may be like; and
- Impacting the quality of child care.

Initially, we encountered some challenges that led us to change the training in order to enliven the discussions and to ensure that all the training specialists were consistent in their presentation of the material. To make the training more stimulating, and to better achieve our goals, we revised the format to include interactive components. We now use a variety of presentation methods, and encourage individual and small group participation through the use of activities. Although the training still includes some lecture, videotapes are also used to present some of the information. We have also invited outside speakers from child care resource and referral agencies, the Child and Adult Care Food Program (CACFP), provider support groups, and others. A script and list of handouts are used to standardize the training content. Participants receive a folder of materials that matches the script topics. Although participants are given the State regulations and are informed that they are responsible for knowing and following all of the regulations, the trainers stress certain regulations that the State Child Care Administrator has determined to be crucial.

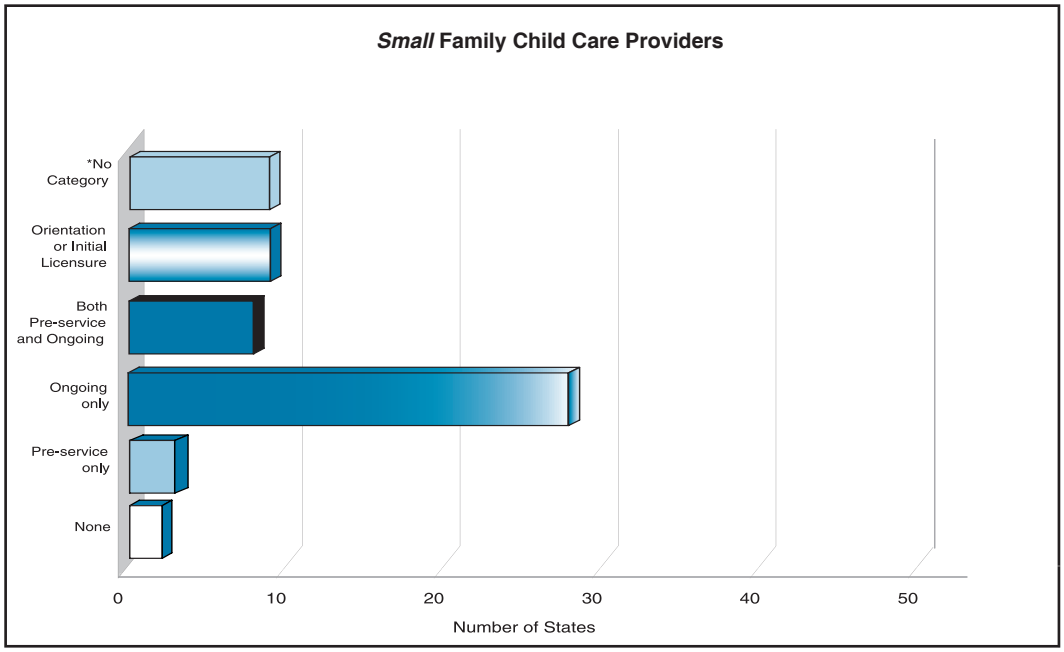
To verify pre-service requirements, we devised a checklist for applicants to complete during the orientation training. An evaluation form is provided so that each applicant can evaluate the orientation's content and make suggestions for improvement. In order to further increase providers' knowledge of State requirements and to establish rapport with the Office of Child Care Licensing, we also developed a training course titled "Staying in Compliance." Provided in conjunction with the Criminal History Unit, this two-hour class is offered periodically at no cost to child care providers. Our hope is that in standardizing both the training content and the presentation of orientation and "Staying in Compliance" trainings, we will have a positive impact on the quality of care provided for children in licensed homes in Delaware.

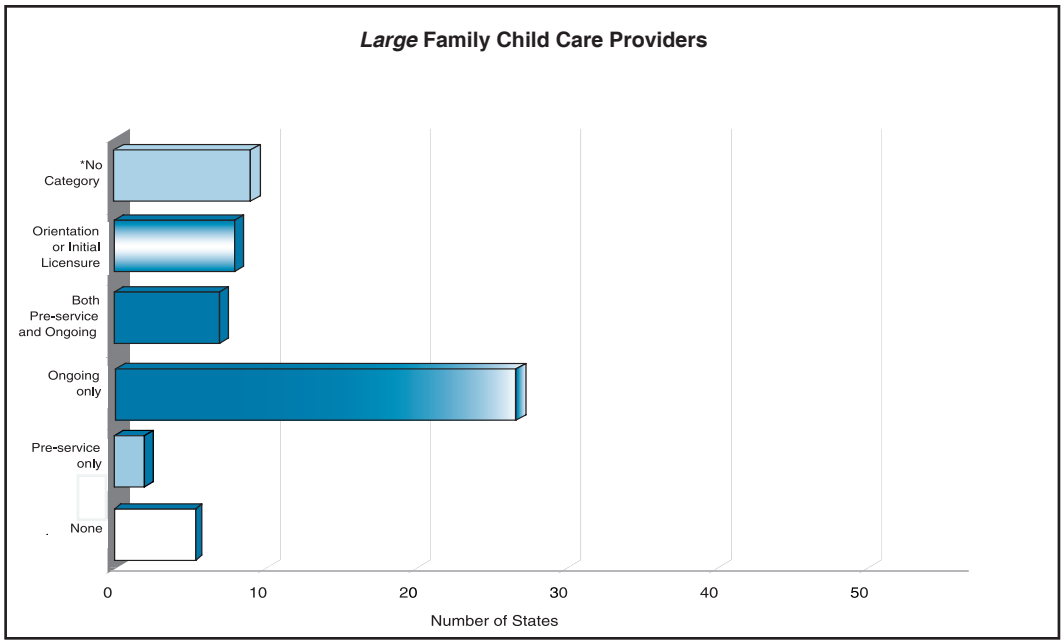


For additional information, contact the Delaware Office of Child Care Licensing at 1825 Faulkland Road, Wilmington, DE 19805; Phone: 302-892-5800; Fax: 302-633-5112; or on the Web at http://www.state.de.us/kids/occlhome.htm.

Most States do not have early childhood education (ECE) pre-service requirements for either small or large family child care providers. Experts contend that the lack of required ECE qualifications coupled with other factors, such as a lack of accessible training for child care providers, has contributed to providers' struggles to maintain professionalism and to achieve high-quality care. Looking for alternative ways to provide specialized training to family child care providers, States have recently been adding ECE-specific training to their licensing regulations for orientation or initial licensure periods. Eight States require this training in their orientation sessions for small family child care providers, and nine require it for large family child care providers.

When Specialized Training in ECE is Required: August 2002 Licensing Requirements





*No category refers to States that do not license the type of care specified.

Compiled by NCCIC from licensing regulations posted on the National Center for Health and Safety in Child Care's Web site: *http://nrc.uchsc.edu*.

Center Director Credentialing in the State of Florida

By Felicia Bonner, Administrator Credential Coordinator, Florida Children's Forum

In direct service settings, the role and the education of the director[1] affects the quality of care children receive[2]. Directors' responsibilities vary greatly and require a wide range of competencies. Knowledge of and experience in child development assist only in some aspect of a director's job. Research and best practice data highlight four broad categories of competencies necessary for early childhood directors to be successful: 1) early childhood development and programming; 2) fiscal and legal matters and management; 3) organizational and leadership issues; and 4) board, parent, and community relations. Despite the important role that directors play in providing quality care to young children, most States' licensing regulations do not require that directors have any administrative, leadership, or management training, nor are many courses and training options available. Increasingly, States are developing specific Director Credentials to address this gap.

[1]Directors also may be referred to as program administrators, operators, or other titles in different States.

[2]Cost, Quality & Child Outcomes Study Team, 1995; Decker & Decker, 1984; Fiene, 2002; Greenman & Fuqua, 1984; Jorde Bloom, 1988, 1992, 1997; Kontos & Fiene, 1987; Morgan, 1995; Peters & Kostelnik, 1981; Powell & Stremmel, 1989; Soto, Guy, Deshaies, Durand, Gratton & Belanger, 1994.

Why Director Credentialing is Important

Director credential initiatives are rapidly increasing across the country. Wheelock College Institute for Leadership and Career Initiatives defines *director credentialing* as "the awarding of a certificate, permit, or other document which certifies that an individual has mastered a specific set of defined skills and knowledge, and has demonstrated competencies to prepare for performance as a director in any early care and education or school-age setting."

The role of the director of early childhood programs is a complex job that provides a much-needed service to our communities; however, program directors have little or no training available to them to meet the daily challenges of running a child care center. One of the goals of the credentialing requirement is to present an opportunity for directors to have coursework available to them that meets the demands and needs of their work in their communities.

The term "director" represents a variety of titles used in the child care field, such as supervisor, education coordinator, program administrator, operator, and many others. To be consistent with the statutory definition of child care operator, "director" refers to the on-site director or individual who has the primary responsibility for the day-to-day operation, supervision, and administration of the child care facility. Family home care providers and center teachers and other early childhood professionals may seek the director credential, but are not required by law to have a credential.

Legislation was passed in Florida in 1999 requiring over 6,000 child care administrators/directors of licensed child care facilities to obtain a director credential as part of minimum licensing standards by January 1, 2003. However, during the 2002 session of the Florida Legislature, legislators extended the credential deadline to January 1, 2004. After January 1, 2004, individuals hired into director positions will need to complete the credential requirement before taking the directorship. Also in 2002, the name of the credential was changed from *Administrator* Credential to *Director* Credential to be consistent with the language in the Florida Administrative Code Child Care Standards.

Florida's Credentialing Program

The director credential is a diverse program consisting of educational and experiential requirements at two levels: the foundational and advanced levels. Both levels of the credential require directors to take courses that are based on sound principles of child care and education administration. Directors are asked to consider their educational background and years of experience as a director/administrator of a child care facility when deciding which credential to seek.

Both credential levels will require directors to have the following:

- High school diploma or GED;
- Department of Children and Families *Part 1: Introductory Training,* which includes the "Behavioral Observation and Screening" module;
- Departmental module "Special Needs Appropriate Practices" or eight hours of in-service training in serving children with disabilities that meets the statutory requirement for licensing;

- One of the following staff credentials: a Child Development Associate (CDA) Credential; Florida-approved CDA Equivalency; the Florida School-Age Certification; a formal education exemption qualification (including a waiver); or a documented employment history recognition exemption;
- Depending on the level of the credential, successful completion of one to three approved courses (offered through an accredited post-secondary institution) in early child care and education program administration (in some cases exceptions will be granted for persons with degrees and specified coursework—see table at right for the educational exceptions);

ADVANCED LEVEL EDUCATION AND EXPERIENCE EXCEPTIONS	
IF YOU HAVE:	**YOU WILL NEED:**
AS degree in child care center management	**No additional courses required**
AS, BA, BS or advanced degree in ►early childhood education/child development **OR** ►family and consumer sciences (formerly home economics/child development) **OR** ►school-age child care **OR** ►elementary education	**3 COLLEGE CREDIT HOURS* IN** ►child care management/administration **OR** ►business administration** **OR** ►educational administration
BS, BA or advanced degree out of field **OR** **Five years or more of administrative experience** in a licensed child care program *(all coursework for this exception must have been completed within the last 10 years)*	►early childhood/child development **OR** ►school-age child care **AND** ►child care management/administration **OR** ►business administration** **OR** ►educational administration

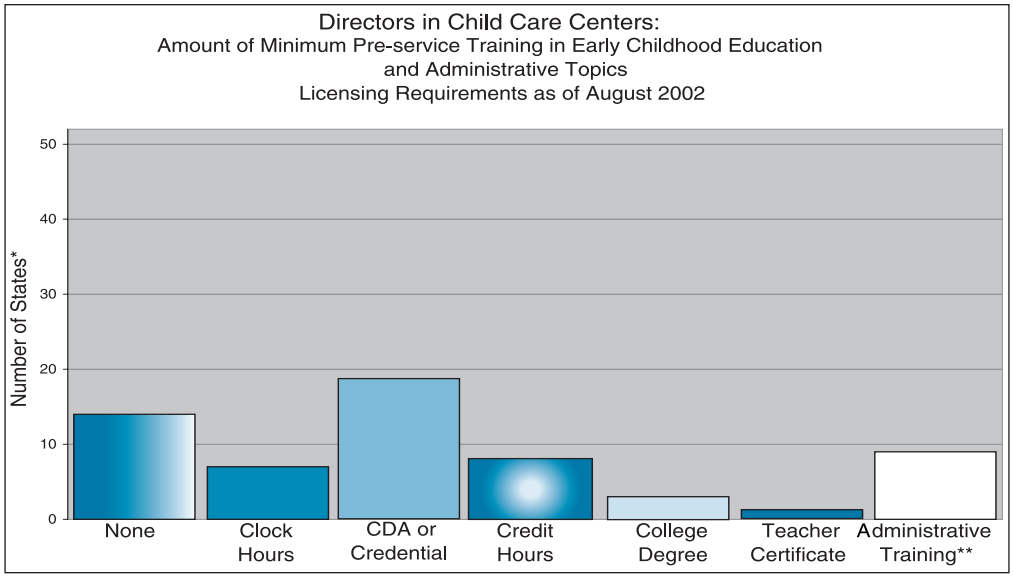
*The foundational level course, an overview of child care center management, may be taken to satisfy the business/administration/management requirement.

**Includes but is not limited to Statistics or Economics.

- One or two years of experience on-site as a child care director/administrator of a child care facility. Candidates who have met all the educational requirements of either director credential level, but who do not have the required experience, will be granted a temporary credential; and
- The credential at either level (including temporary) will have a renewal date every five years after the date of issuance. All certificates issued prior to January 1, 2004 will have a renewal date of January 1, 2009.

For the advanced level only, there is a competency-based test for those who meet the educational exceptions, but do not have the required college coursework. In order to qualify to take the competency-based test(s), candidates must document that they have a high school diploma or GED, have completed the Department of Children and Families *Part 1: Introductory Training*, and have met the staff credentialing requirement prior to taking the credential test. Based on the availability of funds, T.E.A.C.H. Early Childhood® Program scholarships are available to assist early childhood professionals in meeting the CDA and coursework requirements of the credential.

For more information on credential requirements, availability of coursework, and scholarship information, contact the Florida Children's Forum at 877-358-3224. Information on the credential and a downloadable application are available on the Web at http://www. child.com.



*States include New York City and the District of Columbia for a total of 52 entities.

**Administrative Training may be in addition to early childhood education requirements.

Compiled by the National Child Care Information Center (NCCIC) from licensing regulations posted on the National Resource Center for Health and Safety in Child Care's Web site: *http://nrc.uchsc.edu.*

Licensing-Related Indicators of Quality Child Care

By Richard Fiene, Ph.D., The Pennsylvania State University

Today, the regulation of most child care programs (both centers and homes) is a State responsibility. However, about 40 years ago, child care issues and regulation became of increasing interest to Federal agencies. In the 1960s the Federal Interagency Day Care Requirements (FIDCR) established standards for programs caring for children ages 3 to 14 that included staff-child ratios, maximum group sizes and staff qualifications. In 1979, a more comprehensive version of the FIDCR was being drafted and the Department of Health, Education and Welfare (HEW) was looking for a streamlined tool for conducting monitoring reviews. The weighted licensing indicator system was just being developed in Pennsylvania, and this new methodology looked like a potential tool for evaluating compliance with the FIDCR standards.

A Federal demonstration grant was given to Pennsylvania to develop a weighted licensing indicator system methodology and to begin pilot testing it in a consortium of States from 1980-1985. After 1980 it became clear that the monitoring focus for child care programs was shifting from the Federal government to the States. HHS wanted to assist States in their monitoring efforts and thought that the weighted licensing indicator system was an innovative means for doing this.

During the 1980s and early 1990s, many States utilized this methodology to help streamline their licensing enforcement systems; in 1994, a study by the U.S. General Accounting Office (GAO) estimated that 30 States were using the methodology in one form or another. During this time, a national database was established at the Pennsylvania State University in order to track the various State regulations that constituted respective States' weighted licensing indicator systems. Although the wording was not exact from State to State, 13 key indicators consistently appeared.

Employing the indicator system methodology, a research brief funded by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and titled *Thirteen Indicators of Quality Child Care: Research Update* built upon an earlier tool developed by the National Resource Center for Health and Safety in Child Care (NRCHSCC) that focused on those standards that protect children from harm in child care[1]. These standards are also key predictors regarding children's positive outcomes while in child care and are statistical indicators of overall compliance with child care regulations.

Weighted Risk Assessment

- Identifies regulations that present the greatest risk to children if they are not met
- Provides empirical evidence for making revisions in regulations based upon relative risk factors

Indicator Checklist

- Measures compliance with regulations
- Assists in achieving a balance between program quality and compliance
- Reduces system costs
- Targeted predictor regulations can be tied to outcomes

Thirteen Indicators of Quality Child Care updates reviews of recent research and identifies additional research needed related to the 13 indicators that form the basis of the national database maintained at the Pennsylvania State University. This research base and review clearly documents the importance of the 13 indicators in determining the health and safety of young children in child care and the overall quality of a program. The table on p. 13 lists the 13 indicators and provides a brief description of their importance to program compliance and quality.

Thirteen Indicators of Quality Child Care: Research Update is available on the Web at http://aspe.hhs.gov/hsp/ccquality-ind02.

[1] *Stepping Stones to Using Caring for Our Children*, National Resource Center for Health and Safety in Child Care, 1997.

13 INDICATORS OF QUALITY CHILD CARE	
INDICATOR	**DESCRIPTION**
1. Prevention of child abuse	Fewer instances of abuse occur in child care programs than in homes or residential facilities. A program can do the following to help curb child abuse: increase caregiver support, through low child:staff ratios and sufficient breaks; inform caregivers of their legal responsibilities and their rights and protections under the law; focus on positive behavior; evaluate program with feedback to staff; provide sufficient training opportunities; and offer social support, parent networking, child reading advice, and informal counseling to troubled parents.
2. Immunizations	Young children in child care face an increased risk of acquiring infectious diseases as compared to older children and adults. Immunizations help protect children both during childhood and for the rest of their lives. Reviewing and monitoring child care center records increases the reported rate of correctly immunized preschool children. Statewide systems as implemented in Pennsylvania such as ECELS TRAC, developed by the Early Childhood Education Linkage System, are very effective interventions.
3. Staff:child ratio Group size	These are two of the best indicators for determining the quality of a child care program. They significantly affect many other health and safety issues, such as the transmission of disease, which is greater when there are more children and adults present. These two indicators also improve the care giving behaviors of staff and the safety of children. Research on mental health and school readiness demonstrate that more secure attachments occur with lower child:staff ratios and smaller group sizes.
4 & 5. Staff—director and teachers—qualifications (2 indicators)	Educated and trained caregivers are more likely to promote the physical and mental health, safety, and cognitive development of children in their care. Experienced and educated directors more effectively and appropriately monitor their staff. College-educated caregivers encourage children more, exhibit more teacher direction, and engage in less restrictive behavior. They are more likely to continue in child care employment, which impacts turnover and helps with attachment and bonding with very young children.
6. Staff training	Directors' and caregivers' training hours in the first year should be 30 hours per year and then 24 hours per year thereafter. Staff training programs help to reduce the transmission of infectious diseases, reduce the number of accidental injuries in child care centers, and help to better facilitate a positive learning and socialization environment. Trainings should build on one another and actively involve the participants in learning. Mentoring programs are a good example of this type of training.
7. Supervision/ discipline	Proper supervision will lessen certain behavioral problems, such as being disruptive and unruly, and decrease injury rates. Discipline if used inappropriately, such as controlling behaviors, punishment, verbal reprimands and corporal punishment, will result in children acting out and being disruptive. These types of behaviors should not be occurring in a child care program.
8. Fire drills	Children under the age of 5 are two times more likely to die from fire than any other childhood age group. The *Kids Safe* program has shown to be an effective way of teaching young children fire safety.
9. Medication administration	Children in child are more likely to be taking medications because of the increased illnesses associated with being in child care. With over the counter medications, written permission of the parent or guardian and instructions from a physician are required. There are many standards and licensing requirements regarding this indicator. A program must have a written policy and clear procedures on giving medicine and on proper storage, as well as designated staff to administer it.
10. Emergency plan/contact	Staff need to be prepared for emergency situations and injuries by having completed first aid and CPR training; by having emergency medical policies and procedures in place; and by having critical information on children and staff readily available in an organized, easy-to-use file. At a minimum, accurate contact names and phone numbers, preferred hospitals, copies of insurance, parent/guardian signatures authorizing emergency care, and information on allergies should be kept.
11. Outdoor playground	The majority of child care injuries occur on outdoor playgrounds. Most injuries are due to falls. Lowering the height of playground equipment and providing more resilient playground surfaces can reduce injury risk in child care centers.
12. Inaccessibility of toxic substances	Many potentially toxic materials can be found in child care centers, such as pesticides, art materials, cleaning agents, fuel by-products, cigarette smoke, building materials, improperly fired ceramics, and ground soil. Children differ from adults in susceptibility. Precautionary measures can be taken in the child care center to minimize the risk of environmental hazards. For example, staff should know the building materials and products used within the center, eliminate hazards regularly, and be familiar with the local health department in the event assistance is needed.
13. Proper hand washing/diapering	Hand washing is the single most effective way to interrupt the transmission of infectious diseases. Infrequent washing of children's or providers' hands will cause higher frequency of respiratory illness. Child care programs must provide continuous training, technical assistance, and mentoring assistance in hand washing procedures.

For additional information about licensing indicators or weighting research, contact Richard Fiene, Ph.D., Director, Early Childhood Institute, The Pennsylvania State University, 2001 North Front Street, Building 1, Suite 314, Harrisburg, PA 17102; Phone: 717-233-5276; E-mail: rjf8@psu.edu; or on the Web at: http://caecti.org. For copies of Thirteen Indicators of Quality Child Care: Research Update 2002, contact the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 200 Independence Avenue SW, Room 450G, Washington, DC 20201.

Emergencies in Regulated Child Care Facilities: A Tip Sheet

By Judy Collins, Technical Assistance Specialist, National Child Care Information Center, and
President, National Association for Regulatory Administration (NARA)

Licensing's basic purpose is the prevention of harm. In 1995, Judy Collins was the head of the child care licensing division in Oklahoma. Her expertise helped to guide the State through the difficult aftermath of the bombing of the Alfred P. Murrah Federal Building in Oklahoma City. Since September 11, many States have taken another look at how their licensing regulations prepare for and address disaster situations. From her many years of experience and lessons learned, Collins shares the following tips about licensing's role in disaster preparedness and prevention.

Prevention and Preparedness

Make sure facilities are in compliance with the following:

- Existing licensing regulations, such as fire and health clearances;
- Sign-in and -out policies;
- Proper staffing ratios;
- Working telephone and posted emergency numbers; and
- Evacuation plans posted in each room.

Encourage programs to:

- Become familiar with their local emergency response agency; and
- Identify the hazards in their area.

Ensure communication with the following partners:

- Licensing offices;
- Emergency response agencies;
- Other State/Tribal agencies; and
- Program staff.

Improving Security at the Program Level

Request local law enforcement agencies to perform safety inspection of facility;

Review physical plant for security;

Develop a system of code words/phrases to use among staff in announcing an emergency;

Develop an arrangement for mutual aid with other facilities and area schools; and

Develop a phone tree to alert parents or responsible parties.

Role of Regulation

Inform/train staff in prevention techniques;

Assure that requirements adequately address emergency preparation;

Enforce the requirements that are in place; and

Encourage facilities to put paper requirements into practice.

The Aftermath of Disasters

Identify status of facilities;

Include policies for temporary relocation that allow facilities to:

- Exceed capacity limitations temporarily;
- Abbreviate fire and health inspections;
- Make exceptions for playgrounds; and
- Build in timelines for compliance.

Evaluate whether policies need to be changed:

- When considering exceptions, remember that children's safety is paramount;
- Be careful not to be "knee-jerk"; and
- Examine what has been learned from the experience(s).

Be Sure to Keep in Mind

EMERGENCIES will continue to happen; and

Our best *DEFENSE* is a good *OFFENSE.*

A PowerPoint presentation with these and other tips for disaster preparedness and prevention is available on NARA's Web site at http://www.nara-licensing.org.

Resources for Information on Child Care Regulation

Publications and Web sites

13 Indicators of Quality Child Care: Research Update (2002)
Richard Fiene, Ph.D.
http://aspe.hhs.gov/hsp/ccquality-ind02/index.htm

2002 Child Care Center Licensing Study
The Children's Foundation
http://www.childrensfoundation.net/publications.htm

2002 Family Child Care Licensing Study
The Children's Foundation
http://www.childrensfoundation.net/publications.htm

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition (2002)
National Resource Center for Health and Safety in Child Care
http://nrc.uchsc.edu/CFOC/index.html

Directory of State Child Care Regulatory Offices:
http://nccic.org/dirs/regoffic.html

Family Child Care: What's in a Name? (June 2001)
Gwen Morgan, Sheri Azer and Sarah LeMoine
http://nccic.org/pubs/fccname.pdf

Individual States' Child Care Licensure Regulations
National Resource Center for Health and Safety in Child Care
http://nrc.uchsc.edu

Non-licensed Forms of Child Care in Homes: Issues and Recommendations for State Support (June 2001)
Gwen Morgan, Kim Elliott, Christine Beaudette, Sheri Azer and Sarah LeMoine
http://nccic.org/pubs/nonlic-wheelock.pdf

Regulation of Child Care (Winter 2002)
Sheri L. Azer, Sarah LeMoine, Gwen Morgan, Richard M. Clifford, and Gisele M. Crawford
National Center for Early Development and Learning
http://www.fpg.unc.edu/~ncedl/PDFs/RegBrief.pdf

State Efforts to Enforce Safety and Health Regulations (January 2000)
General Accounting Office (GAO)
http://www.gao.gov/new.items/he00028.pdf

Stepping Stones to Using Caring for Our Children
National Resource Center for Health and Safety in Child Care
http://nrc.uchsc.edu/national/stepping.html

Organizations

Child Care Law Center (CCLC)
221 Pine Street, Third Floor
San Francisco, CA 94104
Phone: 415-394-7144
Web: http://www.childcarelaw.org

Child Welfare League of America, Inc.
440 First Street NW, Suite 310
Washington, DC 20001-2085
Phone: 202-638-2952
Web: http://www.cwla.org

Children's Defense Fund
25 E Street NW
Washington, DC 20001
Phone: 202-662-3545
Web: http://www.childrensdefense.org

The Children's Foundation
725 Fifteenth Street NW, Suite 505
Washington, DC 20005-2109
Phone: 202-347-3300
Web: http://www.childrensfoundation.net/

Families and Work Institute
330 Seventh Avenue
New York, NY 10001
Phone: 212-465-2044
Web: http://www.familiesandworkinst.org/

National Association for Regulatory Administration
26 East Exchange Street, Fifth Floor
St. Paul, MN 55101
Phone: 612-290-6280
Web: http://www.nara-licensing.org

National Resource Center for Health and Safety in Child Care
University of Colorado Health Sciences Center
School of Nursing
4200 E. Ninth Avenue
Campus Box C287
Denver, CO 80262
Phone: 800-598-5437
Web: http://nrc.uchsc.edu

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Internet access to ACF and the Child Care Bureau:
http://www.acf.dhhs.gov/programs/ccb

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