

Program and Oversight Benchmarks

Elements of NACCRRA's Scoring System

In selecting the standards on which the states' small family child care regulations would be rated, NACCRRA focused on only the most basic factors to ensure the health, safety and well-being of children.

NACCRRA also focused on standards which have been supported by research on family child care quality or are recommended by nationally recognized publications such as *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 3rd Edition*¹⁴ and *13 Indicators of Quality Child Care*.¹⁵

In some cases, the standards chosen reflect the current emphasis on school readiness; for example, the recommendation that adults read to children to support literacy development. For a comprehensive literature review, see NACCRRA's 2008 and 2010 *Leaving Children to Chance* reports.

NACCRRA chose 16 key elements essential for quality small family child care homes. A small family child care home is defined as a child care setting in which up to six children, including those of the caregiver under age 6, are cared for in the home of the provider for compensation. Fifty-one states plus DoD were assessed, assigned points based on state regulations and policies and ranked based on their performance.

Based on the number of children allowed before licensing begins, NACCRRA used a sliding fractional scale to arrive at the final score.

The total maximum score a state could receive is 150. States were ranked based on their final score.

Sixteen states received a score of zero. Eight of these states received a zero because they do not inspect family child care homes prior to the state granting a license. Eight states received a zero because they either do not license small family child care homes or they allow more than six children (including the provider's own children) to be cared for in a home without requiring a license.¹

The following benchmarks were used to score the states:

- **Program Benchmark 1:** A comprehensive background check is required, including using fingerprints to check state and FBI records, checking the child abuse registry, checking the sex offender registry and checking juvenile records.
- **Program Benchmark 2:** A background check is required for family child care providers, their substitutes and assistants, family members over 12 years of age and exempt providers receiving subsidies.
- **Program Benchmark 3:** Family child care providers are required to have a high school

¹ To derive the threshold for licensing, NACCRRA added one child if the state does not include the provider's own children in establishing its licensing threshold. NACCRRA added one child for each family exempted before licensing begins.

degree or a general equivalency diploma (GED) and have the Child Development Associate (CDA) credential, college courses in early childhood education or an associate degree initially or within three years of starting to provide child care.

- **Program Benchmark 4:** Family child care providers are required to have 40 hours of initial training in child development, child guidance, child abuse prevention, learning activities, business practices, health and safety, CPR and first aid.
- **Program Benchmark 5:** Family child care providers are required to have 24 hours or more of annual training in child development, child guidance, child abuse prevention, learning activities, business practices, health and safety, CPR and first aid.
- **Program Benchmark 6:** Family child care providers are required to have toys and materials in eight domains: motor development, language and literacy, art, math, science, dramatic play, books for all ages and materials that are culturally sensitive.
- **Program Benchmark 7:** Family child care providers are required to offer learning opportunities in eight domains: plan a variety of learning activities, read to children, introduce mathematical concepts, offer creative activities, offer dramatic play, offer active play, encourage self-help skills and limit television.
- **Program Benchmark 8:** Family child care providers are required to address 10 health areas, including handwashing, meals and snacks, immunizations, exclusion of ill children, universal precautions, administration of medications, toxic substances, diapering, home sanitation and week-end/evening care.
- **Program Benchmark 9:** Family child care providers are required to address 10 safety areas, including Sudden Infant Death Syndrome (SIDS) prevention, guidance/discipline, crib safety, electrical hazards, water hazards, fire drills/emergency plans, outdoor play surfaces, supervision, door locks/safety gates and

transportation. Corporal punishment is prohibited.

- **Program Benchmark 10:** Family child care providers are required to communicate with parents, have contracts with parents, allow parents access to the home, inform parents about the use of substitutes and give written policies to parents.
- **Program Benchmark 11:** Family child care providers are required to limit the total number of children in a small family child care home based on the ages of children in care.
- **Oversight Benchmark 1:** All family child care providers who care for unrelated children for a fee are licensed.
- **Oversight Benchmark 2:** Inspect before licensing, at least quarterly, and when there is a complaint.
- **Oversight Benchmark 3:** Programs to licensing staff ratio does not exceed 50:1.
- **Oversight Benchmark 4:** Licensing staff have a bachelor's degree in early childhood education or a related field.
- **Oversight Benchmark 5:** Online inspection and complaint reports are available to parents on the Internet.

Oversight Benchmarks 3, 4 and 5 were added in 2012 to be consistent with NACCRRRA's approach for scoring of state child care center regulations and oversight as reflected in the biennial report, *We Can Do Better*.

The following section describes each of the 11 Program Benchmarks and the five Oversight Benchmarks. It includes information about:

- Why the benchmark is important.
- What policies states have in place related to the benchmark.
- NACCRRRA recommendations to strengthen state requirements in each area.

Program Benchmark 1: Type of Background Check

A comprehensive background check is required, including using fingerprints to check state and FBI records, checking the child abuse registry, checking the sex offender registry and checking juvenile records.

Parents want their children to be safe in child care.

NACCRRRA's national polling shows that parents overwhelmingly assume child care providers have background checks.¹⁶ Particularly with licensed care or for providers who are paid with taxpayer dollars, it is logical for parents to expect that caregivers (and those who come into contact with their children while in child care) are screened to ensure that they do not present the potential for harm.

Adults caring for children should:

- **Not** have a record of violent offenses.
- **Not** have a substantiated case of child abuse or neglect.
- **Not** be sex offenders.
- **Not** have engaged in criminal behaviors that indicate that they should not be in the business of caring for children.

Given the transitory nature of the child care field, it is important that a full background check is conducted for all those who will have unsupervised contact with children. A comprehensive background check includes:

- Checking Federal Bureau of Investigation (FBI) records (which is based on fingerprints).
- Using fingerprints to check state criminal history records.
- Checking the child abuse registry.
- Checking the sex offender registry.

The Child Care and Development Block Grant (CCDBG) under current law contains **no** background check requirement.

In 2011, the U.S. Department of Health and Human Services, Office of Child Care sent an *Information Memorandum* to the states, which is the strongest encouragement possible short of a change in the law, to recommend state agencies overseeing child care licensing and child care subsidies require comprehensive criminal background checks for child care providers serving children receiving subsidies through CCDBG as well as all licensed child care providers.¹⁷

Use of fingerprints

Background checks are of limited value unless they are based on fingerprints. Individuals can have very common names or use aliases. Using only a name check can allow an individual to circumvent a criminal records check and be approved to provide child care where a fingerprint check would have revealed a criminal record.

A study of the Federal Child Safety Pilot Program¹⁸ found that requiring fingerprints is both reasonably priced and worth the effort:

- Fingerprint checks can be completed in less than a week at a modest fee (\$18 - \$24).
- Of the more than 30,000 background checks conducted, about 6.4 percent of volunteers (who sought to work with children) were found to have criminal records.
- More than 25 percent of the individuals with criminal records had committed an offense in a state other than the state in which they were applying to volunteer.

The Crime Control Act of 1990¹⁹ requires a background check for federal government employees who work in federal child care programs. The law requires that the checks be based on fingerprints and that the checks are conducted through the FBI and each state's criminal history records for which an employee lists current or former residence.

DoD expanded these requirements to include family child care providers, their assistants and substitutes and their family members age 12 and older.

Recent data improvement projects have made it easier and faster to obtain fingerprint checks. Florida made a change in 2010 to require live scanning of fingerprints instead of relying on the use of fingerprint ink cards. The background check process, which previously had taken as long as four to six weeks now is completed in as little as 24 to 48 hours. Digital prints greatly improved the quality and accuracy of the print and eliminated the provisional time when prospective employees could not be hired until a fingerprint-based screening was completed. Florida found it could implement the change without substantial cost to individuals or the state.²⁰

The Criminal Justice Information Services (CJIS) Division of the FBI centralizes criminal justice information and is based on the use of fingerprints. In addition to an FBI check, a check of state databases is necessary to obtain more comprehensive data. Not all criminal history records involve offenses that states submit to the FBI. In other cases, fingerprints were not of sufficient quality to be entered into the system.²¹

Check of sex offender registry

A 2011 Government Accountability Office report about sex offenders in child care found cases of past offenders working in child care or living in homes where child care was provided.²² Given the very serious nature of sex-related crimes, parents and the public need assurance that no sex offenders are caring for children or living in the home of a licensed provider. A check of the sex offender registry should be required for everyone who comes into regular contact with children in child care.

A FBI check is not enough. Based on current levels of state reporting, law enforcement officials recommend an independent check of the sex offender registry.²³

Check of child abuse registry

A check of the state child abuse and neglect registry helps protect children from child abuse and neglect by caregivers with a history of substantiated abuse – violations that may not appear in a state or federal criminal database.²⁴ The data can be used by state licensing agencies and child care employers to screen persons who will be entrusted with the care of children.

Reports from 39 states in 2010 showed that 3,685 child care providers (including child care center staff, family child care home providers and babysitters) abused young children.²⁵

State Policies

All states but one (*Nebraska*) require a criminal records check, but only half of the states base the background check on FBI or state fingerprints. Children's safety is put at risk when a criminal history check relies on a background check that is based on a name or a number.

- Nine states (*Alaska, Colorado, Florida, Hawaii, Illinois, South Carolina, Tennessee, Washington and West Virginia*) require a comprehensive background check, which includes a FBI and state criminal history check using fingerprints, a check of the child abuse registry and a check of the sex offender registry.
- Three of the nine states (*Alaska, Florida and Tennessee*) that require a comprehensive background check also include a check of juvenile records.
- Twenty-five states plus *DoD* require a FBI check, which is based on fingerprints.
- Twenty-four states require a state criminal records check using fingerprints.

- Seven states require a check of fingerprints if the applicant has not lived in the state continuously for a designated number of years (*Arkansas, Missouri, Montana, North Carolina, Texas, Utah* and *Wisconsin*).
- *Nebraska* only checks child abuse registries, and simply requires “Felony/Misdemeanor Statements,” which are a form of self-disclosure of arrests and convictions.

Idaho does not license family child care until seven children are in the home. However, *Idaho* requires a background check for family day care providers caring for four or more children.

Idaho does not require a fingerprint check of either state or federal records, but does require a name-based check as well as a check of the state child abuse registry, the *Idaho* adult protection registry and the *Idaho* sex offender registry. Owners, operators and staff, others over age 13 who have unsupervised access as well as others age 13 and older who are regularly at the premises are subject to a background check.

The following table shows the number of states that require the different elements of a comprehensive background check.

Number of States Requiring Specific Elements of Background Checks	
Requirement	Number of States
Federal fingerprints	26*
State fingerprints	24
Criminal record check	43*
Child abuse registries	39*
Sex offender registries	18
Juvenile record check	11*
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care home providers.	

NACCRRA recommends states:

- Require a comprehensive background check that includes using fingerprints to check state and FBI records and checks of the state child abuse registry, sex offender registry and juvenile records (for teenagers living in the home who may have access to young children).

NACCRRA recommends Congress:

- Reauthorize CCDBG to require states that receive funds from CCDBG to conduct comprehensive background checks for licensed child care providers and for providers receiving federal subsidies (including their substitutes and aides, other adults living in the home, and family members over age 12).
- Prohibit the use of federal funds to pay convicted felons to provide child care.

Program Benchmark 2: To Whom Background Checks Apply

A background check is required for family child care providers, their substitutes and assistants, other adults in the home, teenagers in the home and exempt providers receiving subsidies.

Why this is important

Vigilance about who is interacting with children in family child care homes is particularly important because children spend so much time alone with one adult.

Parents logically assume that a child care license means child care providers have had a background check. NACCRRRA's 2010 parent poll shows that more than nine in 10 parents (92 percent) favor proposals that would require states to conduct a background check using fingerprints on every paid child care provider caring for unrelated children on a regular basis.²⁶

All people who have unsupervised contact with children should have a background check, including:

- Family child care providers.
- Substitutes and assistants.
- Other adults living in the home.
- Teenagers living in the home.
- Exempt providers receiving subsidies.

A background check for providers makes sense because they are often alone with children. However, a check of substitutes and assistants as well as other adults in the home is equally important. These individuals also have access to children and may be alone with them.

A number of states limit access to juvenile records. It is unfortunate, but there have been cases where a teenage child has abused or tormented a much younger child and upon investigation, the teenager had a history of violent behavior.

The Crime Control Act of 1990²⁷ requires a background check for federal government employees who work in federal child care programs. The law requires that the checks be based on fingerprints and that the checks are conducted through the Federal Bureau of Investigation (FBI) and each state's criminal history records for which an employee lists current or former residence. Federal agencies may deny employment to any individual convicted of "a sex crime, an offense involving a child victim, or a drug felony."

DoD expanded these requirements to include family child care providers, their assistants and substitutes and their family members age 12 and older.

A 2011 report about sex offenders at child care programs by the Government Accountability Office²⁸ found children's safety is being left to chance. Federal and state laws failed to keep sex offenders out of child care programs, including child care settings receiving federal funding.

State Policies

States are more likely to agree on who should have a background check than they are to agree on which elements should be included in a background check. Most states require licensed family child care providers, their substitutes and aides and family members over age 18 to have a background check.

The issue is not that most states conduct a background check, but rather the type of check that is conducted for licensed care.

- About half the states conduct a fingerprint check (either federal or state or both).
- Thirty-eight states and *DoD* check the child abuse registry.
- Eighteen states check the sex offender registry.

Only nine states (*Alaska, Colorado, Florida, Hawaii, Illinois, South Carolina, Tennessee, Washington and West Virginia*) **conduct a comprehensive check**, which includes three states (*Alaska, Florida and Tennessee*) that also check juvenile records.

Subsidy Accountability

Massachusetts, Ohio, Oklahoma, Wisconsin and DoD do not spend taxpayer dollars to pay for unlicensed care. All remaining states do.

More than 322,000 children whose care is paid for through the federally funded Child Care and Development Block Grant (CCDBG) are in unlicensed care, of which nearly 112,000 are in settings with either no background check or no fingerprint check. A background check without a fingerprint check is ineffective. Individuals can circumvent the screening process by using an alias as several state audits have shown.

- Forty states require a background check for subsidy receipt by exempt providers. However, in 16 of those states, no fingerprint check is required.
- ***New York* has the greatest number of children whose care is paid for with taxpayer dollars in unlicensed care without a fingerprint check against federal records – 52,358.**²⁹

CCDBG does not require a background check for child care providers.

In 2011, the U.S. Department of Health and Human Services, Office of Child Care sent an *Information Memorandum* to the states, which is the strongest encouragement possible short of a change in the law, to recommend state agencies responsible for child care licensing and child care subsidies require comprehensive criminal background checks for child care providers serving children receiving subsidies through CCDBG as well as all licensed child care providers.³⁰

The following table shows the number of states that require background checks for five categories of individuals.

Who States Require to Have Background Checks	
Requirement	Number of States
Family child care providers	44*
Substitutes or assistants	44*
Juvenile family members age 12 and older	5*
Family members at least age 18	44*
License-exempt providers	40
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care providers. Ohio, Oklahoma and Wisconsin do not spend taxpayer dollars on unlicensed care. Off-installation assistance paid for by DoD is in licensed settings.	

NACCRRA recommends states:

- Require a comprehensive background check that includes using fingerprints to check state and FBI records and checks of the state child abuse registry, sex offender registry and juvenile records (for teenagers living in the home who may have access to young children).
- Require a comprehensive background check for family child care providers caring for unrelated children, substitutes and assistants, family members over 12 years of age, and providers receiving federal subsidies.

NACCRRA recommends Congress:

- Reauthorize CCDBG to require states that receive funds from CCDBG to conduct comprehensive background checks for licensed child care providers and for providers receiving federal subsidies (including their substitutes and aides, other adults living in the home, and family members over age 12).
- Prohibit the use of federal funds to pay convicted felons to provide child care.

Program Benchmark 3: Minimum Education

Family child care providers are required to have a high school degree or a general equivalency diploma (GED) and have the Child Development Associate (CDA) credential, college courses in early childhood education or an associate degree initially or within three years of starting to provide child care.

Why this is important

Research has found that provider education is related to the quality of care.

Small family child care home providers with higher levels of education and more training provide higher quality care. In addition, the research suggests that education and training may be better predictors of quality in family child care homes than other factors such as child:adult ratios—at least in settings where group sizes are small.³¹

Family child care homes of more highly educated providers offer higher levels of age-appropriate stimulation – important for the healthy development of children. Research has also found that provider education is related to warmth and sensitivity toward children. A study of child care in Massachusetts found that the interactions between more highly educated providers and children were warmer and more frequent than between less-educated providers and children.³²

Although enjoying being with children may be a prerequisite to being successful, family child care home providers are small business owners. Their service is providing a safe environment that promotes children's health and development. Along with parents, they share responsibility for helping prepare children for school success.

Most family child care providers are poorly compensated. This discourages more highly educated and trained professionals from entering or staying in the child care field and contributes to business failure among family child care homes, which is estimated to be close to 40 percent.³³

Entry-level education requirements for child care providers are low. Almost half of providers (44 percent) enter the profession with a high school education or less.³⁴ Research has shown that licensed providers have more education than nonregulated providers.³⁵

Minimal educational requirements make it easy for providers with minimal skills to open family child care homes. Although education and training are often intertwined, one of the reasons that NACCRRRA recommends minimum initial and annual training requirements is related to the overall low level of education among providers. As with education, training can make a big difference in the quality of care that is provided.

As this report shows, licensing requirements cover many topics related to children's safety and health, working with parents as customers and operating a business in the home.

For the new family child care provider, these requirements can seem onerous and complicated. Licensing staff and technical assistance from Child Care Resource and Referral agencies can help providers interpret regulations.

State definitions vary. State regulations are often complicated. Regardless of the level of education of providers, state regulations need to be written as simply as possible for easy understanding by parents and child care providers. Even the strongest requirements mean little if people cannot understand what is required.

Simplicity of regulations aside, minimum education requirements would increase the likelihood that providers would understand state requirements.

NACCRRRA's position is that family child care providers should have a minimum of a high school degree and at least be working toward a

Child Development Associate (CDA) credential or an associate degree. Completing a CDA or an associate degree will help providers understand child development, health and safety issues, working with parents and managing a small business.

Providers should have an individualized professional development plan that includes progress in higher education and training to address identified needs.

State Policies

State expectations for provider education remain very low. More than half of the states do not have a minimum education requirement for family child care providers.

- Twenty-six states do not require a high school diploma or GED for small family child care providers.
- Fifteen states plus *DoD* require just the high school diploma or GED.

Since the 2010 *Leaving Children to Chance* report, the state of *Washington* added the requirement for a high school degree for small family child care providers.

Just two states have any educational requirement beyond high school:

- *Georgia* requires that small family child care providers have a CDA credential in addition to a high school degree.
- *Wisconsin* requires credits or clock hours in early childhood education in addition to a high school degree.

The following table shows the number of states with different education requirements.

Family Child Care Home Provider Qualifications By State	
Level of Education Required	Number of States
CDA	1
Credits/clock hours in ECE beyond high school	1
High school diploma or GED	16*
Less than high school diploma or GED	26
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care home providers.	

NACCRRA recommends states:

Require family child care providers to have a minimum of a high school degree or a GED and have the Child Development Associate (CDA) credential, college courses in early childhood education or an associate degree initially or within three years of starting to provide child care.

Program Benchmark 4: Minimum Initial Training

Family child care providers are required to have 40 hours of initial training in child development, child guidance, child abuse prevention, learning activities, business practices, health and safety, CPR and first aid.

Relatively low levels of education for child care providers make initial training important in protecting children's health and safety.

Training is the single most important factor in providing a quality child care setting. Training can mean the difference between life and death, can reduce the likelihood of child injuries, and can promote a stimulating environment linked to children's school readiness.

Initial training is critical to help ensure that providers have a base of knowledge about how children develop.

Better trained providers lead to higher quality care and more positive outcomes for children. Children in the care of inadequately prepared providers spend more of their day in aimless activity and show delays in language and social development.³⁶

Initial competency-based training helps ensure providers who do not have a strong formal education still have a base of professional knowledge and skills to work with children and operate a business. At a minimum, key training areas should include:

- Child development.
- Child guidance/discipline.
- Child abuse identification and prevention.
- Business practices and licensing requirements.
- Learning activities.
- CPR and first aid.
- Health and safety issues such as putting infants on their backs to sleep, administering medications, transporting children, fire drills, etc.

NACCRRA recommends 40 hours as the minimum number of hours a family child care provider needs for initial training either before or shortly after beginning caring for children.

The number of hours matter and the topics related to caring for children quickly fill up the hours. (For example, the Red Cross recommends six hours of training for individuals to be certified for CPR.) More than a checklist, training is intended to strengthen skills and improve competency and promote quality care.

Another example is the key role that child care providers play in identifying potential cases of child abuse and understanding how to report what they may suspect to authorities. More than 14,300 child care providers reported suspicions about potential child abuse in 2010.

As mandatory reporters in a position to help protect children, it is difficult for child care providers to know the law and know how to carry it out under difficult circumstances without training. Trainings on child abuse recognition, reporting, and working with families average eight hours.

In the context of other professions working with the public, 40 hours is a modest requirement. States require hundreds of training hours for manicurists or barbers who have important jobs but are not caring for lives.

NACCRRA's national polling has found that parents overwhelmingly assume licensed child care providers have had training.³⁷ The reality is that state requirements vary greatly and most state training requirements are minimal.

Federal Funding

More than \$10 billion in federal funds, through the Child Care and Development Block Grant (CCDBG) and the Temporary Assistance for Needy Families (TANF) program, is spent on child care every year to enable families earning low incomes to work.

CCDBG currently does not contain a minimum training requirement for child care providers.

This places children at risk of possible injury and death in child care programs that receive funds from the federal government.

State Policies

Twenty states allow family child care providers to start caring for children with 10 or fewer hours of training either before they care for children or within the first several months of providing care.

Since the 2010 *Leaving Children to Chance* report, several states have increased their requirements for initial training:

- *Colorado* has changed its requirement for initial training hours from zero to 15. Trainees must pass a test with a minimum score of 80 percent.
- *Nevada* has changed its requirement for initial training hours from zero to 20 hours (which includes CPR and first aid).
- The state of *Washington* increased its requirement for initial training to 28 hours (which includes CPR and first aid).

The Best Among the States

- Four states (*Florida, New Mexico, Rhode Island* and *Wisconsin*) require 40 hours or more for initial training. This includes training for CPR and first aid.
- *New Mexico* requires primary caregivers to complete a 45-hour entry level course or an approved 3-credit early care and education course or an equivalent prior to or within six months of employment.

- *Wisconsin* requires 40 hours or more for initial training – providers are required to satisfactorily complete 3 credits of broad-based early childhood training (which is the equivalent of 45 clock hours) or an approved noncredit course in caring for children **before** receiving a license or working with children.
- Six states (*Alabama, Florida, Maryland, New Mexico, Rhode Island* and *Wisconsin*) and *DoD* require more than 30 hours of initial training. This includes training for CPR and first aid. *DoD* is close to 40 hours, currently at 38 with rules pending to increase the hours.
- *Florida* requires family child care providers to complete a 30-clock-hour Family Child Care Home training and pass a competency based examination with a score of 70 or better prior to licensure and working with children. Providers are also required to have five hours of literacy training and CPR and first aid certification.

States that Need to Strengthen Training:

- *Texas* has **no** requirement for hours or topics of initial training for listed homes, not even for CPR and first aid.
- Five states have **no** requirement for specific hours of initial training. In *Hawaii* and *Missouri*, CPR and first aid are required. In *Connecticut* and *Pennsylvania*, only first aid is required. *Texas* has no requirement.

The following table shows the number of states that require hours of initial training. Some states specifically include training in CPR and first aid in their hours of required training. Other states require current certification in CPR and first aid, but this training is in addition to required training hours.

For this table, when CPR and first aid certification are required in addition to other training hours, NACCRRA added eight hours to the required hours of initial training.

Initial Training Number of States by Required Hours	
Total Hours of Initial Training Required*	Number of States
0	1
1 to 10	11
11 to 20	22
21 to 30	3
31 to 39	3*
40 and higher	4

*Includes DoD.

Note: Hours of initial training include additional hours added for CPR and first aid where these topics are required by states. Eight states do not require licensing for small family child care providers.

Topics for Initial Training

- Most commonly, states require training in first aid (required by 38 states plus *DoD*), CPR (36 states plus *DoD*), and health and safety (33 states plus *DoD*).
- Twenty-one states plus *DoD* require training in child development.
- Twenty-one states plus *DoD* require training in child guidance.
- Twenty-two states plus *DoD* require training in child abuse prevention.
- Fewer than half the states require training in business practices.
- Only 15 states require initial training in learning activities.

- *South Carolina, Texas* and *Vermont* have **no** firm requirements for the topics that must be covered in initial training.
- Some states have very minimal training requirements.
- *West Virginia* only requires training in health/safety.
- *Connecticut* and *Pennsylvania* only require training in first aid.
- *Hawaii, Missouri* and *Nebraska* only require CPR and first aid.
- *New York* and *North Carolina* only require health/safety, CPR and first aid.

The following table shows the number of states that require initial training on specific topics.

Number of States that Require Initial Training on Specific Topics	
Topics Required	Number of States
Child development	22*
Child guidance	22*
Child abuse prevention	23*
Business practices	20*
Learning activities	15
Health and safety	34*
CPR	37*
First aid	39*

*Includes DoD

NOTE: Eight states do not require licensing for small family child care providers.

NACCRRA recommend states:

Require family child care providers to have a minimum of 40 hours of initial training before working with children or early on after starting work with children — in child development, child abuse prevention, learning activities, health and safety, child guidance, business practices, CPR and first aid.

Program Benchmark 5: Minimum Annual Training

Family child care providers are required to have 24 hours or more of annual training in child development, child guidance, child abuse prevention, learning activities, business practices, health and safety, CPR and first aid.

Child care providers have an enormous impact on children's development. The training of caregivers makes a difference.

Research shows the following advantages:³⁸

- Better trained providers offer better quality care, which leads to more positive outcomes for children.
- A provider's skill level helps determine whether children in care are safe and have the early learning experiences they need to succeed in school.
- Children in the care of inadequately prepared providers spend more of their day in aimless activity and show delays in language and social development.

Initial training helps ensure that providers are prepared to work with children. Annual training strengthens their ability to work with children and builds on initial training and experience on the job. Annual training helps providers:

- Improve their skills.
- Deepen their understanding about how children learn.
- Stay up-to-date on changes in health and safety practices.

Provider training has also been linked to reducing stress and increasing retention in the early childhood field.³⁹ This is particularly important in a field with an annual turnover rate that ranges from 25 to 40 percent throughout the country.⁴⁰



Research shows that family child care providers who attend training workshops (including in-service workshops, community workshops and workshops at professional association meetings) provide a higher quality child care setting.⁴¹

Training areas at a minimum should include:

- Child development.
- Child guidance.
- Child abuse prevention.
- Learning activities.
- Business practices.
- Health and safety.
- CPR and first aid.

Federal Funding

More than \$10 billion in federal funds, through the Child Care and Development Block Grant (CCDBG) and the Temporary Assistance for Needy Families (TANF) program, is spent on child care every year to enable families earning low incomes to work. CCDBG does not contain a minimum training requirement for child care providers. *This places children at risk of possible injury and death in child care programs that receive funds from the federal government.*

NACCRRA recommends 24 hours as the minimum number of hours a family child care provider needs in annual training to cover basic topics.

Training is offered by multiple agencies and institutions. Child Care Resource and Referral agencies (CCR&R) are primary deliverers of training and technical assistance to child care programs and family child care providers in local communities, as are other professional organizations and individual consultants.

In recognition of the importance of ongoing training for the child care workforce, NACCRRA has launched an online training academy that offers both initial and ongoing training for providers on a variety of topics.

State Policies

NACCRRA's polling of parents and grandparents has repeatedly found that parents logically assume licensed care means that providers are subject to training requirements.⁴² The reality is that state training requirements vary greatly.

Ten states require eight hours or less of annual training. *Alabama* and *DoD* require 24 hours of annual training, including CPR and first aid.

Hours of annual training

- Seven states plus *DoD* require more than 16 hours of annual training (*Alabama, Arkansas, Colorado, New Hampshire, Utah, Wisconsin* and *Wyoming*).

- *Texas* does not require ANY annual training.
- Another nine states require between one and eight hours of annual training.

The following table shows the number of states that require a range of annual training hours. Some states specifically include training in CPR and first aid in their hours of required training. Other states require current certification in CPR and first aid, but this training is in addition to required training hours. For this table, when CPR and first aid certification are required in addition to other training hours, NACCRRA added four hours to the required hours for annual training.

Required Hours of Annual Training Number of States	
Hours of Annual Training Required	Number of States
None	1
1 to 8	9
9 to 16	26
17 to 23	6
24	2*
*Includes DoD.	
Note: Hours of annual training include additional hours for CPR and first aid where required by states. Eight states do not require licensing for small family child care providers.	

Topics for annual training

- Most states require annual training in first aid (38 plus *DoD*) and CPR (38 states plus *DoD*).
- About three quarters of the states require annual training in health and safety (33 plus *DoD*), and two thirds require annual training in child development (28 plus *DoD*).
- More than half the states **do not** require any annual training in learning activities (only 19 states plus *DoD* require this annually).
- More than half the states **do not** require any annual training in child abuse prevention (only 17 states plus *DoD* require this annually).
- *Texas* has **no** annual training requirement for hours or specific topics.

- *Connecticut, the District of Columbia and Pennsylvania* have **no** required topics other than first aid. *West Virginia* only requires health and safety training.

The following table shows the number of states that require annual training on specific topics.

Number of States that Require Annual Training on Specific Topics	
Topics Required	Number of States
Child development	29*
Child guidance	26*
Child abuse prevention	18*
Business practices	23*
Learning activities	20*
Health and safety	34*
CPR	39*
First aid	39*
*Includes DoD.	
NOTE: Eight states do not require licensing for small family child care providers.	

NACCRRA recommends states:

- Require family child care providers to have 24 hours or more of annual training in areas such as child development, child guidance, child abuse prevention, learning activities, business practices, health and safety, CPR and first aid.
- Ensure child care providers have access to a continuum of professional development opportunities, beginning with quality community-based training programs that are linked to career ladders and tied to higher education.
- Create and expand online training opportunities, training to better address children with special needs and training in languages other than English.
- Provide incentives for child care providers to improve the quality of care and education they provide.

Program Benchmark 6: Toys and Materials to Promote Learning

Family child care providers are required to have toys and materials in eight domains: motor development, language and literacy, art, math, science, dramatic play, books for all ages and materials that are culturally sensitive.

Children learn by doing. They need toys and materials that are appropriate for their age and that encourage and promote their development in all learning areas. Toys do not need to be expensive or “high-tech” — they do need to be safe, durable and of sufficient quantity so all children in care can actively be involved in activities throughout the day.

Children need toys and materials that encourage play that develops large and fine motor skills, creativity and imagination, positive social interaction, problem solving, exploration, experimentation and classification. The National Association for Family Child Care (NAFCC) specifies the toys and materials recommended in family child care homes as part of its accreditation standards.⁴³

NACCRRA scored states’ small family child care home regulations on whether providers are specifically required to have toys and materials in their family child care home in each of eight domains:

- Motor development.
- Science.
- Language and literacy.
- Dramatic play.
- Art.
- Books for all ages.
- Math.
- Culturally sensitive materials.

State Policies

Although it is generally accepted practice to have a variety of learning activities available to children, most state regulations do not require small family child care home providers to have a variety of learning materials.

- Two-thirds of the states (29 plus *DoD*) require that providers have toys and materials encouraging motor development (physically active play).
- More than half the states require materials for art (25 states) and for dramatic play (25 states), and half require materials for language and literacy (23 states).
- It is less common for states to require materials for science (15 states), culturally sensitive materials (14 states plus *DoD*) and math (only 12 states).

It is surprising, given the interest by policymakers throughout the country in more children entering school ready to succeed, that so few states require small family child care providers to have books available for the children in their care.

- Fewer than half (22 states) require that providers have books appropriate for all ages.

The following table shows the number of states that require toys and materials for each of the eight individual domains.

Number of States that Require Toys/Materials in Each of the Eight Developmental Domains	
Domain	Number of States
Motor development	30*
Science	15
Language and literacy	23
Dramatic play	25
Art	25
Books for all ages	22
Math	12
Culturally sensitive materials	15*
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care home providers.	

- Just seven states (*Colorado, Delaware, District of Columbia, Kansas, Massachusetts, Oklahoma and Washington*) address all of the recommended developmental domains in required toys and materials for small family child care home providers.
- Twenty states, including the eight states that do not license small family child care, do not have **any** requirements that small family child care providers have toys and materials in any of the recommended domains.
- Twenty-two states plus *DoD* only address four or fewer of the recommended domains.

The following table shows the number of domains related to toys and materials that are addressed by states.

Number of States with Requirements for Toys/Materials in Multiple Domains	
Number of Domains	Number of States
None	12
1 to 4	11*
5 to 7	14
All 8	7
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care providers.	

NACCRRA recommends states:

Require family child care providers to have toys and materials in eight domains: motor development, language and literacy, art, math, science, dramatic play, books for all ages and materials that are culturally sensitive.

Program Benchmark 7: Learning Activities

Family child care providers are required to offer learning opportunities in eight domains: plan a variety of learning activities, read to children, introduce mathematical concepts, offer creative activities, offer dramatic play, offer active play, encourage self-help skills and limiting television.

There is evidence that children who are reading well by third grade entered kindergarten “ready to learn.” Their experiences at home and in child care and other early education settings influenced how ready they were to start school.

Research over the past 20 years describes the phenomenal growth of the human brain from the prenatal period through age 5. During this time, children make significant gains in their social, emotional, physical and cognitive development.

The quality of care that children receive, particularly given the many hours children spend in child care, has a direct impact on their short and long-term.⁴⁴

A 2010 study by the National Institute of Child Health and Human Development (NICHD) found that children at age 15, who had been in quality child care settings as young children, scored higher than their peers on academic and cognitive achievement and had fewer behavioral problems.⁴⁵

Family child care homes have the potential for promoting healthy child development and school readiness.

It may be that a number of family child care home providers offer learning opportunities and plan daily activities in a stimulating manner for children. But, this report is about what states require, not what individual providers may offer despite state requirements.

All states now have early learning guidelines in place that describe what children should know and be able to do at specific ages in all fundamental learning domains. Early learning guidelines help programs make decisions about assessment, curriculum, individualized instruction and professional development.

Curriculum planning related to early childhood domains is important regardless of setting to ensure varied activities designed to promote healthy development among children. Such planning should include all areas of development and should be integrated from birth through preschool and formal schooling.

Planning should address the cultural needs of all children, including those who face the added challenge of developing language and literacy skills in an entirely new language.

Yet, many states do not require family child care home providers to offer activities that promote development in key developmental domains. It is as if state early learning guidelines and child care operate in separate silos.

Recent public awareness of the problem of childhood obesity has highlighted the importance of providing young children with opportunities for physical activity throughout the day. Potential playground hazards, an over-focus on classroom learning and boring play equipment may lead to children spending too little time being physically active. Children need activities that let them exercise both body and mind in order to learn and grow.

NACCRRA scored the states' small family child care home regulations on whether they require eight learning opportunities:

- Plan learning activities.
- Offer dramatic play.
- Read to children.
- Provide for active play.
- Introduce mathematical concepts.
- Encourage self-help skills.
- Offer creative activities.
- Limit TV viewing.

State Policies

State policies vary greatly. Eight states meet all of the eight recommendations for required activities (*Arizona, Delaware, Georgia, Kansas, Michigan, Tennessee, Washington and West Virginia*).

In nearly half the states (22), four or fewer domains are required to be addressed. Thirty percent of the states (16) do **not** require family child care providers to plan learning activities, and two-thirds (34) do **not** require providers to read to children.

- Five states do not meet any of the recommended activities (*Florida, Nebraska, South Carolina, Texas and Wyoming*).
- Only 18 states require providers to read to children.
- With the rise in childhood obesity in the United States, it is important that providers play a role in encouraging physical activity. But nearly 30 percent of the states (15) do not require active physical play.
- Twenty-two states and *DoD* limit the use of TV/computer time in family child care.

The following table shows the number of states that require program activities for each of the eight identified domains.

Number of States that Require Program Activities in Each of the Eight Developmental Domains	
Domain/Activity	Number of States
Plan learning activities	36*
Offer dramatic play	21
Read to children	18
Provide for active play	37*
Introduce mathematical concepts	11
Encourage self-help skills	21
Offer creative activities	24
Limit TV viewing	23*
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care providers.	

The following table shows the number of domains related to learning activities that are addressed by states.

Number of States and the Number of Domains Addressed in Required Learning Activities	
Number of Domains	Number of States
None	5
1 to 4	17*
5 to 7	14
All 8	8
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care providers.	

NACCRRA recommends states:

- Require family child care providers to offer learning opportunities in eight domains: plan a variety of learning activities, read to children, introduce mathematical concepts, offer creative activities, offer dramatic play, offer active play, encourage self-help skills and limiting television.
- Require family child care providers to use state early learning guidelines as a basis for assessment, curriculum decisions, individualized instruction and professional development plans.

Program Benchmark 8: Basic Health Requirements

Family child care providers are required to address 10 basic health areas.

Family child care providers should promote and protect children's health.

One of the few requirements under the Child Care and Development Block Grant (CCDBG) is that, *there are in effect within the state, under state or local law, requirements designed to protect the health and safety of children . . .*⁴⁶

While states are free to determine standards based on what they believe will best protect the health and safety of children, NACCRRA chose 10 individual standards to rate the health requirements in state regulations for small family child care homes.

Each of these basic standards is supported by research and recommendations from experts and organizations in child health. For example, several studies have demonstrated that handwashing helps manage the spread of infectious diseases in child care settings.⁴⁷

The following recommended health practices can help reduce the incidence of contagious disease among young children.

1. **Handwashing** is the single most effective way to prevent the transmission of infectious diseases, especially diarrheal diseases. Proper diapering techniques reduce the spread of disease in child care.
2. **Meals and snacks** play an important role in health because the children often spend most of their day in the family child care home.
3. **Immunizations** are an effective means of preventing the spread of infectious diseases among young children.
4. **Exclusion of ill children** protects both the sick child and other children in care.
5. **Following universal procedures** protects adults and children against the spread of human immunodeficiency virus, hepatitis B, hepatitis C and hepatitis D.
6. **Medications must be administered** precisely according to a medical authority's instructions. Medicines must be inaccessible to children.
7. **Toxic substances** should be kept out of children's reach. Family child care homes should be kept free of cleaning products and other hazardous materials or products that can cause illness, injury or death to children.
8. **Hygienic diapering procedures** help reduce the spread of germs and reduce the spread of disease through the fecal-oral route.
9. **Home sanitation** and disinfection help reduce the spread of germs in family child care homes.
10. **Weekend/evening care** should have special precautions defined.

State Policies

Thirty-four states require family child care providers to address at least nine of the 10 health areas.

- Two states (*South Carolina* and *Texas*) address none of the 10 health requirements.
- Twenty-two states address all 10 of the recommended health areas.
- Twelve states address nine of the 10 recommended health areas.
- Only 25 states have regulations about universal health precautions.

- Almost all states address meals and snacks, immunizations, exclusion of ill children, administration of medications, limiting children’s access to toxic substances, diapering and toileting and home sanitation.
- Somewhat fewer states address health issues such as sleep arrangements for weekend and evening care (33 states).

The following table shows the number of states that require specific health requirements.

Specific Health Practices Required By Number of States	
Health Requirement	Number of States
Handwashing	40*
Meals and snacks	42*
Immunizations	42*
Exclusion of ill children	41*
Universal health requirements	25
Administration of medication	41*
Toxic substances	41*
Diapering and toileting	40*
Home sanitation	42*
Weekend and evening care	33
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care home providers.	

The following table shows the number of health areas that states require.

Number of Health Areas Required By Number of States	
Number of Areas	Number of States
None	2
1 to 4	0
5 to 8	8*
9	12
All 10	22
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care providers.	

NACCRRA recommends states:

Require family child care providers to address each of the 10 basic health areas including handwashing, meals and snacks, immunizations, exclusion of ill children, universal precautions, administration of medications, toxic substances, diapering, home sanitation and weekend/evening care.

Program Benchmark 9: Basic Safety Requirements

Family child care providers are required to address 10 basic safety areas.

All children should be safe while they are in family child care homes.

One of the few requirements under the Child Care and Development Block Grant (CCDBG) is that, *there are in effect within the state, under state or local law, requirements designed to protect the health and safety of children . . .*⁴⁸

While states are free to determine standards based on what they believe will best protect the health and safety of children, NACCRRA chose 10 individual standards to rate the safety requirements in state regulations for small family child care homes.

Each of these basic standards is supported by research and recommendations from experts and organizations such as the American Academy of Pediatrics and the American Public Health Association. For example, placing infants on their backs to sleep reduces the potential for Sudden Infant Death Syndrome (SIDS).

The following 10 basic safety practices are essential for keeping children safe in family child care home settings.⁴⁹

1. **Placing infants on their backs to sleep** and other safe sleeping practices reduces the risk of Sudden Infant Death Syndrome (SIDS).
2. **Appropriate discipline/child guidance** promotes development and protects children from abuse and neglect.
3. **Crib safety** addresses factors that can cause strangulation or suffocation in a crib.
4. **Electrical hazards** can cause serious or fatal injuries through electrical shock. Cords can cause strangulation or tripping.
5. **Water** presents special hazards to children. Every year, young children drown in bathtubs, swimming pools and other bodies of water, large and small.

6. **Fire and Emergency Plans** prepare family child care providers to quickly evacuate infants, toddlers and preschoolers and school-age children in the event of fire or other emergency in order to prevent injury and death.
7. **Outdoor playground surfaces** need adequate impact-absorbing surfacing materials to protect children from fractures and concussions due to falls from climbing equipment.
8. **Supervision** is basic to preventing children from being injured. Providers must be able to see and hear children and to respond quickly to protect children.
9. **Door locks** should be inaccessible to children, and approved safety gates should be in place to prevent children from falling down flights of steps or getting into potentially dangerous spaces.
10. **Transportation** guidelines should cover use of safety belts and car seats and strategies for making sure no children are left in parked vehicles.

It is especially important that states specifically prohibit corporal punishment. Harsh discipline, especially corporal punishment, is a form of child abuse that should be expressly forbidden in each state. States that allow corporal punishment receive a zero score in the basic safety area.

State Policies

Thirty-two states plus *DoD* require small family child care providers to address nine or 10 of the 10 basic safety areas.

- Twenty-three states plus *DoD* address all 10 of the recommended safety areas.
- Another nine states address nine of the 10 recommended areas.

- Two states, *South Carolina* and *Texas*, do not specify **any** requirements in any of the 10 recommended safety areas.
- *South Carolina* and *Texas* do **not** prohibit corporal punishment.

Almost all states address discipline, protection from bodies of water, fire and emergency plans, transportation and direct supervision of children. Most states also address electrical hazards, safe sleeping practices/SIDS prevention and crib safety.

- Fewer states specifically address safety issues such as outdoor playground surfaces (30 states plus *DoD*) and door locks and safety gates (33 states plus *DoD*).

The following table shows the number of states that require specific safety areas.

Specific Safety Practices Required By Number of States	
Safety Requirement	Number of States
SIDS prevention	38*
Discipline	42*
Crib safety	36*
Electrical hazards	39*
Protection from bodies of water	42*
Fire and emergency plans	42*
Outdoor playground surfaces	31*
Supervision	42*
Door locks/safety gates	34*
Transportation	41*
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care providers.	

The following table shows the number of safety areas that states require.

Number of Safety Areas Required By Number of States	
Number of Areas	Number of States
None	2
1 to 4	0
5 to 8	9
9	9
All 10	24*
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care providers.	

NACCRRRA recommends states:

Require family child care providers to address each of the 10 basic safety areas including Sudden Infant Death (SIDS) prevention, guidance/discipline, crib safety, electrical hazards, water hazards, fire drills/emergency plans, outdoor play surfaces, supervision, door locks/safety gates and transportation. Corporal punishment should be prohibited.

Program Benchmark 10: Parent Communication

Family child care providers are required to communicate with parents, have contracts with parents, allow parents access to the home, inform parents about the use of substitutes and give written policies to parents.

Involving parents in their children's programs benefits everyone.

Parents have valuable information about their child's needs and preferences.

Family child care is often characterized by an open relationship between parents and child care providers. In fact, many parents describe their caregiver as *one of the family*.

Open and Frequent Communication

Ongoing communication with parents allows providers and parents to give children individualized learning opportunities and use consistent discipline approaches. Informal, daily communication during arrival and departure lets parents and providers share information related to children's daily activities, special diets and allergies, accidents, physical and emotional well-being, specific fears and family traumas.

This communication is especially important when care is provided for infants, toddlers and nonverbal children when parents need to know about feeding, sleeping and other routine activities.

Child Care is a Business

Having written contracts with parents helps reduce parent-provider misunderstandings. Signing a written statement acknowledging reading and understanding the home's charges, fees and payment requirements as well as other policies and procedures (such as operating hours) at the time of enrollment, formalizes the relationship between service provider and parent. Parents accept the conditions and give authorization and approval for the activities described in the policies. Such practices help parents understand that child care (while located in a home) is still a business arrangement.

Parental Access

Parents should have access to the areas on the premises where their children are receiving child care services without prior notice during all hours of operation. Access must not disrupt instructional activities and classroom routines, but parents should feel welcome at any time as long as their child is in attendance.

The Child Care and Development Block Grant (CCDBG), which provides funding to the states for child care, contains few requirements. However, under the act, states are required to certify that procedures are in force within the State to ensure that child care providers who receive CCDBG assistance, *afford parents unlimited access to their children and to the providers caring for their children, during the normal hours of operation of such providers and whenever such children are in the care of such providers and provide a detailed description of such procedures.*⁵⁰

It is interesting to note that 39 states plus DoD require small family child care home providers to allow parents full access to the home when their children are in care. **However, four states do not require this:** *Arkansas, Minnesota, South Carolina and Texas.*

Use of Substitutes

Providers should inform parents about their plans for the use of substitutes. The plan should include information about the routine use of substitutes (for example, to pick up school-age children from school) and unscheduled use in case of an illness or other emergencies.

Parents should know the name, address and telephone number of the designated substitute. Parents should also have information about a substitute's background clearance and the completion of any required training.

Written Policies

Sharing written policies with parents allows parents the chance to understand and commit to program policies and practices. Parents need information about policies such as:

- Medication administration.
- Field trips.
- Transportation.
- Verification about individuals authorized to pick up a child.
- Behavior guidance.
- Pets in the home.
- Immunizations.
- Consequences if a child is not picked up at the designated time.
- Use of volunteers.
- Care of sick children.
- Supervision for school-age children.
- Use of screen time, including TV and video games.
- Reporting suspicions of child abuse or neglect.
- Sleeping arrangements if overnight care is provided.
- Availability of inspection reports.

State Policies

Considering the fact that parents are a family child care provider's primary customer, it is interesting that states have little emphasis on practices related to working with parents. Only nine states plus *DoD* require written contracts, and less than half (21 states plus *DoD*) require daily or regular communication with parents about how their child's day went.

- Thirty-four states plus *DoD* require that providers give parents a copy of written policies.

- Twenty-one states plus *DoD* require providers to have daily communication with parents about a child's day.
- Twenty-one states plus *DoD* require that providers inform parents when they will be relying on a substitute.
- Only four states (*Colorado, New York, Rhode Island and Washington*) and *DoD* met all five parent communication requirements.

The following table shows the number of states that require specific strategies related to communicating and working with parents.

Number of States with Specific Requirements Related to Parents	
Parent Strategies	Number of States
Daily or regular communication with parents	22*
Written contracts with parents	10*
Allow parent access when child is present	40*
Inform parents when there is a substitute	22*
Give parents a copy of written policies	35*
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care providers.	

NACCRRRA recommends states:

Require family child care providers to communicate with parents, have contracts with parents, allow parents unlimited access to the home while their child is in attendance, inform parents about the use of substitutes and give written policies to parents.

Program Benchmark 11: Group Size

Family child care providers are required to limit the total number of children in a small family child care home based on the ages of the children in care.

The size of the group matters. In addition, the age mix of the children within the group matters. Both affect a caregiver's ability to interact with the children and protect them in case of emergency.

Research by the National Institute of Child Health and Human Development (NICHD), as well as the National Fire Protection Association Life Safety Code, recommend limiting both the total number of children and the number of infants and young toddlers in small family child care homes.

Positive relationships are a key element of children's healthy development. The ability to form warm, caring relationships is directly influenced by the number of children in the family child care home.⁵¹ Providers can give their sustained, warm and responsive attention to a limited number of children at a time.

It is also important to limit the number of very young children or infants in case of a fire or other sudden emergency that might require evacuating the home. The Fire Safety Code⁵² recommends that no more than two infants under age 2 be cared for in a family child care setting.

The total number of children in care and the number of infants who may be cared for by one provider affects both the safety of the children and the quality of care they receive.

NACCRRRA's position is that the number of children in a family child care home should be limited to no more than six children preschool age or younger with two additional school-age children permitted. This includes the providers' own children. The number of children younger than age 2 should be limited to two if older children are present, or to three if only infants and toddlers are in care.

NACCRRRA counted the number of children who can be cared for by one family child care provider, up to age 12. Some states allow a larger number of children in a home governed by small family child care regulations if there are two providers. Many states allow school-age children if they only attend before or after school. All children were included in total capacity.

State Policies

Too many children in a family child care home affects the health and safety of the care provided. State policies are complicated and they vary greatly. Most, however, allow too many children in the home, often of very young ages.

- Twelve states permit enrollment of seven or more children less than 6 years of age.
- Twenty-two states permit four or more infants and toddlers when no older children are present.

Total Enrollment of Children

- Twenty-one states plus *DoD* meet NACCRRRA's recommendation for limits on group size with one provider.
- *Arkansas* and *Wyoming* allow a single provider to care for up to **10 preschool-age children at one time.**

The following table shows information about the maximum number of children up to age 6 that can be cared for by one family child care provider.

Group Size Limits for Total Enrollment By Number of States	
Group Size Limits	Number of States
Limit total enrollment to six or fewer children less than 6 years of age	32*
Permit enrollment of seven or more children less than 6 years of age	12
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care home providers.	

Enrollment of Infants and Toddlers

- Sixteen states plus *DoD* meet NACCRRA's recommendation to allow no more than two infants and toddlers when older children are present.
- Twenty-seven states allow one family child care provider to care for three or more infants and toddlers when there are older children in care.
- Twenty-one states plus *DoD* meet NACCRRA's recommendation to allow no more than three infants and toddlers when no older children are present.
- Twenty-two states allow one family child care provider to care for four or more infants and toddlers when there are no older children in care.

The following table shows the number of states that have limits on the number of infants and toddlers that one family child care provider can care for when there are older children also in care.

Number of States with Limits on Number of Infants and Toddlers Allowed when Older Children Are Present	
Group Size Limits	Number of States
Limit number of infants and toddlers to two if older children are present	17*
Permits three or more infants and toddlers when older children are present	27
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care home providers.	

The following table shows the number of states that have limits on the number of infants and toddlers that one family child care provider can care for when there are **no** older children in care.

Number and Percent of States with Limits on Number of Infants and Toddlers Allowed when No Older Children Are Present	
Group Size Limits	Number of States
Limit number of infants and toddlers to three if no older children are present	22*
Permits four or more infants and toddlers when no older children are present	22
*Includes DoD	
NOTE: Eight states do not require licensing for small family child care providers.	

NACCRRA recommends states:

Limit the total number of children in a small family child care home based on the ages of the children in care. Limit the number of infants and toddlers to two when there are other older children in care.

Oversight Benchmark 1: Oversight Threshold

All family child care providers who care for unrelated children for a fee are licensed.

Most parents logically assume that child care settings with multiple children are licensed and that providers have had a background check and training.⁵³

The reality is that licensing requirements vary greatly by state and that many children are in unlicensed care. While parents may logically assume child care is licensed, most states do not license small family child care homes as soon as providers care for unrelated children.

Eleven states plus DoD regulate all small family child care providers caring for one or more unrelated children.

Alabama
Connecticut
Delaware
Department of Defense
District of Columbia
Kansas
Maryland
Massachusetts
Michigan
Oklahoma
Texas
Washington

Research shows that family child care home providers who are licensed provide higher quality care and are more sensitive to the needs of children than are unlicensed providers.⁵⁴

Policymakers have expressed a wide range of views about child care. Some have said that family child care home licensing is not necessary because parents are able to view and monitor the care their children receive. Research shows parents are typically able to observe only briefly and infrequently the characteristics of out-of-home child care their children receive.⁵⁵

Research has also found that parents are reluctant to ask to tour a provider's home because they view it as a private home, not a business. Parents are also reluctant to question providers and insist on positive practices because they are afraid of losing their child care.⁵⁶

Licensing is not a guarantee that children are in quality care (as this report shows); however, licensing does set some bare minimums in most states. Unlicensed care, whether it is specifically exempted from licensing or whether it is exempt because a state does not require licensing for settings below a certain threshold, is not subject to any requirements (e.g., basic health and safety policies, training, background checks, etc.).

While some states may have some requirements for unlicensed providers caring for children who receive a subsidy, those requirements tend to be minimal and far below licensing standards.

Scoring Thresholds

NACCRRA scored the states' small family child care home oversight on the threshold for regulation – **the number of children in care at which mandatory regulation of some type is required.**

For example, in some states, this means the threshold at which child care is licensed. In the case of *South Dakota*, until 13 children are cared for in a home, the provider does not need a license.

In other states, a license is required at one threshold of children, which is relatively high, but a lower level of regulation applies to care with fewer children in the home.

For example, in *South Carolina*, when more than six children are cared for in a home, the provider needs to be licensed. **However, as soon as the provider cares for more than one unrelated family, the provider is required to be registered.** Registration means they have a working phone, they are required to complete two hours of training, and they are subject to a background check. There are also voluntary guidelines with regard to health and safety, but the guidelines are not mandatory unless the provider chooses to become licensed.

Because registration is mandatory, this is the lowest level of regulation and was what NACCRRA scored.

One reason that NACCRRA chose to score the lowest level of regulation is to view child care through the lens of parents. States use many different words in regulating child care including licensing, certification, registration, voluntary licensing, voluntary certification, voluntary registration and voluntary self-certification.

Licensing staff may know the difference among the terms, but parents do not. The terms are confusing, and the requirements can be complicated. The takeaway for many parents is that if there is a “state seal” of some type, it is state approved or licensed. Parents do not know the nuances among the words and the differing standards and requirements that might apply.

Therefore, NACCRRA scored the lowest level of mandatory regulation. Adjustments were made if a state exempted the provider's own children not

yet old enough for school or if a state permitted providers to care for children from one or more unrelated families without being licensed (or regulated in a mandatory manner). Quite simply, children count: all children.

States that do not regulate small family child care homes or permit more than six children (including the provider's own children under school-age) to be present without regulation were given a zero for their score.

A mother of three young children caring for four others is still responsible for seven children whether or not the state treats some as “invisible.”

Federally Subsidized Child Care

When children are in care funded by taxpayer dollars, there should be assurances that children are in settings that are safe and promote their healthy development.

There is no requirement under the current Child Care and Development Block Grant (CCDBG) that assistance available to families earning low incomes be used in licensed care.

The most recent data about CCDBG-funded license-exempt child care shows:⁵⁷

- Nationally, of the 1.7 million children who receive a subsidy each month, about one-fifth (19 percent) are in unlicensed care.
- Forty-one percent of children who are in settings legally operating without regulation and whose care is subsidized are cared for by nonrelatives.
- In Hawaii, 69 percent of the children whose care is paid for with CCDBG funding are in unlicensed care. In Michigan, 57 percent are in unlicensed care paid for with taxpayer dollars.
- In eight states (*Connecticut, Hawaii, Illinois, Michigan, Missouri, New York, North Dakota, and Oregon*), 35 percent or more of the children whose care is paid for by CCDBG are in license-exempt care.



- In 21 states, at least one-fifth of the children whose care is paid for with CCDBG funding are in license-exempt care.

An additional 803,000 children each month are in child care subsidized by the Temporary Assistance for Needy Families (TANF) program and the Social Services Block Grant (SSBG)⁵⁸ but because there are no reporting requirements in the law, nothing is known about the type of child care where these subsidies are being used or the quality of that care.

Only *Massachusetts, Ohio, Oklahoma* and *Wisconsin* do not use CCDBG funds to pay for unlicensed care.

State policies

The biggest change in the *Leaving Children to Chance Report in 2012* compared to 2010 to improve the quality of care for children occurred in *Kansas*.

In 2010, *Kansas* enacted “Lexie’s Law,”⁵⁹ which resulted in many improvements to the state’s approach to family child care homes, including a new requirement that all small family child

care home providers be licensed. In addition, the measure required an inspection before the state grants a license. Additional changes went into effect in February 2012, that significantly strengthened protections for children in child care.

As a result, *Kansas* scored 111 points in this report and is ranked third among all states compared to the state’s score of zero in the 2010 report.

State approaches vary greatly. Most states allow family child care home providers to accept some children for a fee on a regular basis without requiring the provider to be licensed or inspected.

- *Louisiana* and *New Jersey* only license child care centers. (For example, as soon as six children are cared for in a home in *New Jersey*, the home is licensed as a center. In *Louisiana*, as soon as seven children are cared for in a home, the home is licensed as a center.)

- Twenty-seven states regulate small family child care providers once they begin caring for four or more children, including their own children of preschool age or younger.
- Six states (*California, Colorado, Florida, Minnesota, South Carolina* and *Vermont*) define the regulatory threshold by the number of families cared for, not the number of children in care.
- Eight states **do not begin licensing for all family child care providers until at least seven children are in care**, including the provider's own children (*Idaho, Indiana, Louisiana, Mississippi, New Jersey, Ohio, South Dakota* and *Virginia*). **These states scored a zero** in this report because they do not license small family child care homes.
- Eight states **do not inspect before licensing**. For this report, **these states received a final score of zero** (*Iowa, Michigan, Montana, Nebraska, Pennsylvania, South Carolina, Texas* and *West Virginia*).
- In NACCRRA's 2010 report, *Iowa* was classified as one of the states that do not regulate small family child care. *Iowa's* licensing staff clarified in their 2012 review that a provider's own children are included in the count for the state's licensing threshold. (Therefore, this report included *Iowa* in the group of states regulating small family child care. The state still receives a zero because no inspection is required before licensing).

Adjusted Threshold of Licensing and Maximum Group Size for Small Family Child Care Homes

The figure on the following page shows the number of children who can be cared for in a small family child care home. Shown in black is the "adjusted" threshold. This is the number of children who can be cared for without a license, adjusted to reflect state exemptions for the first family and the provider's own children. States with an *asterisk define the threshold of care by number of families, not children.

Eleven states plus *DoD* require regulation of all small family child care homes caring for at least one unrelated child.

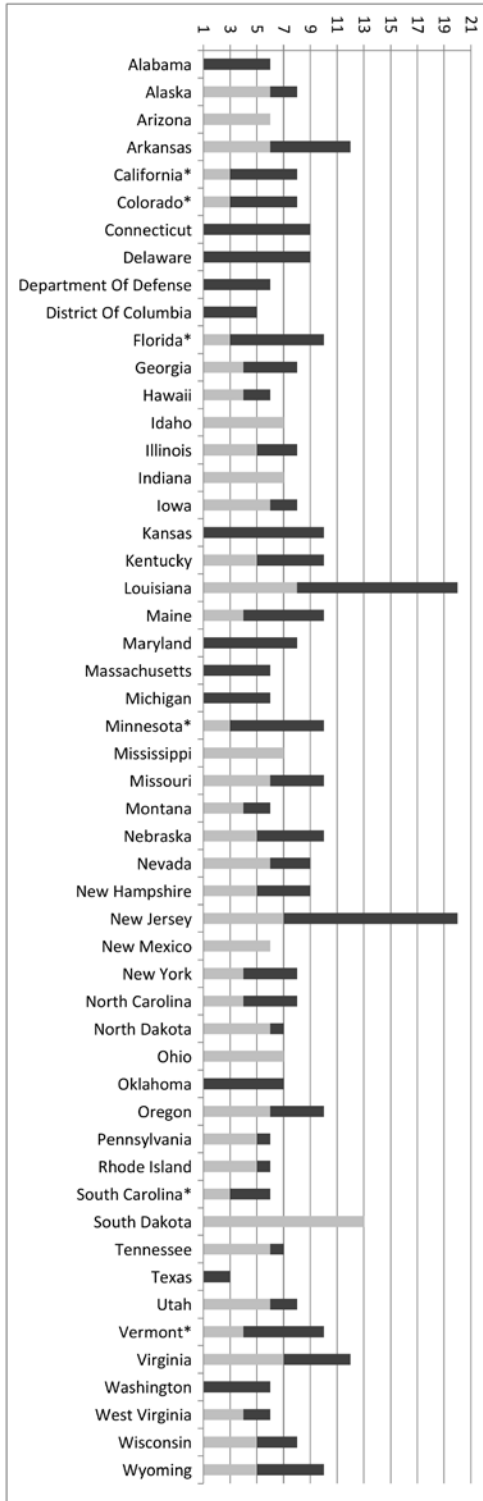
Eight states with an adjusted threshold of seven children or more (*Idaho, Indiana, Louisiana, Mississippi, New Jersey, Ohio, South Dakota* and *Virginia*) received a zero for this report because they do not license small family child care homes.

Shown in gray is the maximum number of children that can be cared for by a single provider.

NACCRRA recommends states:

Require all paid family child care home providers who care for unrelated children on a regular basis (like a business) be licensed.

**Adjusted Threshold of Licensing and Maximum Group Size
per Provider for Small Family Child Care Homes**



*States with an asterisk define threshold by number of families, not children. For purposes of comparison one child was added per unrelated family. Adjusted threshold includes provider's own children, if not already counted in licensing threshold.

Oversight Benchmark 2: Inspections

Inspect before licensing, at least quarterly, and when there is a complaint

Inspections help ensure those providing a service for the public good are meeting minimum basic health and safety standards.

Without inspections, consumers (in the case of child care, parents) cannot know whether the service or product they are purchasing is really safe.

Other consumer services today have regular inspections:

- Dog groomers are inspected.
- Beauty salons are inspected.
- Restaurants are inspected.

Children deserve the same level of protection.

Child care monitoring can include inspections for compliance with licensing requirements, fire standards, building codes, and health and safety requirements.

Frequent, unannounced inspections help ensure children are safe and that child care settings comply with state requirements.

Research Supports Inspections

Research has shown that inspections make a difference in the quality of care:

- Programs that are inspected more frequently are more likely to adhere to required regulations.⁶⁰
- Frequent, unannounced inspections prevent providers from covering up violations, especially when there is a history of violations and/or sanctions or complaints.

- Inspecting child care settings is associated with lower rates of accidents requiring medical attention.⁶¹
- On-site guidance during inspections helps providers improve the level of care they offer.
- There is increased accountability for how federal and state funds are spent.

Parents Support Inspections

NACCRRRA's nationwide polling of parents with young children found that two-thirds of parents logically assume child care is regularly inspected. Furthermore, 90 percent of parents support regular inspections, including for those programs operated from an individual's home.⁴⁵

Federal Funding

There is **no** requirement under the current Child Care and Development Block Grant (CCDBG) that child care programs be inspected. In contrast, under the Military Child Care Act, Congress required quarterly inspections of child care programs.

State Policies

The two biggest changes with regard to inspection policy from the 2010 *Leaving Children to Chance* report and this update occurred within *Kansas* and *Georgia*.

In 2010, *Kansas* enacted "Lexie's Law,"⁶² which resulted in many improvements to the state's approach to family child care homes, including a new requirement that all small family child care home providers be licensed. In addition, the measure required an inspection before the state grants a license. Additional changes went into effect in February 2012, that significantly strengthened protections for children in child care.

As a result, *Kansas* scored 111 points in this report and is ranked third among all states compared to the state’s score of zero in the 2010 report.

Since the release of *Leaving Children to Chance* in 2010, *Georgia* now requires new Family Day Care Home applicants to obtain 20 hours of pre-service training in order to register. A pre-registration visit is conducted by the Child Care Services division prior to the issuance of a family day care home registration certificate.

As a result, *Georgia* scored 84 points in this report and is ranked 11th among all states compared to the state’s score of zero in the 2010 report.

Inspection requirements throughout the states vary greatly. Less than 30 percent of states inspect family child care homes two or more times a year. Some states inspect so infrequently that children can spend their whole child care experience in a home that has not been inspected. More progress needs to be made.

Frequent inspections

- Four states (*Missouri, New York, Tennessee* and *Wyoming*) plus *DoD* inspect on at least a quarterly basis.
- Twenty-six states and *DoD* inspect at least annually or more often.

Infrequent Inspections

- *Michigan* inspects family child care homes once every 10 years.
- *California* and *Montana* inspect family child care homes once every five years.

No Inspections Before Licensing

- Eight states (*Iowa, Michigan, Montana, Nebraska, Pennsylvania, South Carolina, Texas* and *West Virginia*) do not inspect before licensing. For this report, **these states receive a final score of a zero.**
- In *Nebraska*, credit was allocated in NACCRRRA’s 2010 report for inspecting before licensing. However, during the state’s 2012 review, licensing staff clarified that the state does not require an inspection before licensing. (*Therefore, this is a change in the 2012 report unrelated to a change in policy.*)
- In *Washington*, credit was allocated in NACCRRRA’s 2010 report for one inspection per year. However, during the state’s 2012 review, licensing staff clarified that the state requires an inspection once every 18 months. (*Therefore, this is a change in the 2012 report unrelated to a change in policy.*)

The following table shows the number of states that require specific numbers of inspections each year.

Frequency of Inspections for Licensed Care	
Frequency	Number of States
Four or more times a year	5*
Two to three times a year	10
Once a year	12
Once every two to three years	10**
Once every four or more years	4
Not Required #	3

NOTE: Eight states do not require licensing for small family child care home providers.

*Includes DoD.

**Washington inspects family child care homes every 18 months.

#South Carolina, Texas and Vermont do not require routine inspections.

Note: Delaware, DC and Rhode Island conduct a fire inspection annually.

NACCRRRA recommends states:

- Require inspections of family child care homes before licensing (before children are admitted into care), at least quarterly, and when there is a complaint.
- Post inspection reports on the Internet to allow parents to make better informed selections among child care providers.

NACCRRRA recommends Congress:

- Require a set-aside within the Child Care and Development Block Grant (CCDBG) for licensing related activities.
- Require states to demonstrate how they will measure child care provider compliance with state standards, laws and policies.
- Require all child care programs to undergo quarterly unannounced inspections (similar to the nation's military child care system).
- Require states to set reasonable caseloads per inspector.
- Require states to post inspection findings and complaints on the Internet where parents can easily access the information to be better informed about child care options.

- Require states to share information with Child Care Resource and Referral agencies about license revocations and suspensions and other information that will help parents select safe, quality child care for their children.
- Strengthen Congressional oversight with regard to how states are meeting health and safety requirements.
- Grant the U.S. Department of Health and Human Services (HHS) the authority to withhold funds from states without effective oversight.
- Provide discretionary funds to the HHS, Office of Child Care to provide better oversight of state implementation of CCDBG.

Oversight Benchmark 3: Oversight Caseloads

Programs to licensing staff ratio does not exceed 50:1

A manageable caseload for licensing staff protects children from unhealthy and unsafe care and helps improve quality.

A caseload of no more than 50 child care programs per licensing staff member allows more effective monitoring.

States have different ways of assigning programs to licensing staff. In some states, staff are only assigned to child care centers. Other states assign staff to both child care centers and family child care providers. Still other states include both child care programs and other human services programs in determining licensing staff responsibilities.

State policies

There are vast discrepancies in caseloads. In most states, the caseload is too large to allow licensing staff to conduct frequent and meaningful inspections.

- Just five states (*Alaska, New Mexico, North Dakota, Oklahoma* and *Tennessee*) plus *DoD* have a staff caseload of 50 programs or less per licensing staff.
- There are 17 states that have a caseload of 101 programs or more per licensing staff person.
- Seven states (*California, Connecticut, Iowa, Massachusetts, Oregon, Rhode Island* and *Vermont*) have a caseload of more than 200 programs per staff, which is four times or more of the recommended caseload.
- *Texas* does not treat listed care as part of the caseload for licensing staff because the state does not consider listed providers to be regulated – although they require providers to be on the state list. Therefore, there is no regular oversight for listed care.

- *Connecticut* has a caseload of more than 300. Separate staff handle all complaint and enforcement activities that arise with these programs.
- *Colorado, Hawaii* and *Minnesota* noted that the caseload is dependent on geographic location and number of licensing staff per licensing unit/county.

The following table shows the number of states that have specific program:licensing staff ratios.

Licensing Staff Caseloads By Number of States	
Program: Licensing Staff Ratio	Number of States
101 or more :1	17**
91 to 100:1	2
81 to 90:1	7
71 to 80:1	4
61 to 70:1	6
51 to 60:1	1
50 to 1 or less:1	6*
*Includes DoD	
**The number for Minnesota is the average family child care caseload for five of Minnesota's largest counties. For scoring purposes, Texas was treated as having a caseload of 101 or more per licensing staff.	
NOTE: Eight states do not require licensing for small family child care home providers.	

NACCRRR recommends states:

Ensure adequate oversight by reducing licensing staff caseloads to a ratio of no more than 50:1 to ensure compliance with state standards so that children are safe in child care and in a setting that promotes their healthy development.

Oversight Benchmark 4: Licensing Staff Qualifications

Licensing staff have a bachelor's degree in early childhood education or a related field

Licensing staff are responsible for understanding and interpreting state child care licensing requirements and assessing whether family child care providers are in compliance.

Effective oversight requires knowledge of child development, child care, regulatory requirements and technical assistance resources (such as CCR&Rs, other professional development organizations, fire inspectors and building inspectors).

When licensing staff do not fully understand the intent of regulations, they are more likely to ignore situations in which children's health and safety may be jeopardized.

There should also be specific training related to the state licensing regulations and associated concepts.

Staff assignments and responsibilities vary. Some staff are only assigned to child care centers. Other states assign staff to both child care centers and family child care providers. Still other states include both child care programs and other human services programs.

State Policies

Licensing staff education

State policies vary. More than half of the states require a bachelor's degree, but the remaining states accept less than an associate degree. Given the complexity of licensing regulations and the need to interpret them for providers, it is beneficial for licensing staff to have appropriate educational preparation and ongoing training.

- Twenty-one states plus *DoD* require at least a bachelor's degree in a field related to early childhood education.



The following table shows the number of states that require specific levels of education for licensing staff.

Required Licensing Staff Qualifications By Number of States	
Education Required	Number of States
Bachelor's degree or higher in ECE or related field	22*
Bachelor's degree in unrelated field	10
Less than an associate degree	12

*Includes DoD

NOTE: Eight states do not require licensing for small family child care home providers.

NACCRRA recommends states:

Require licensing staff to have a bachelor's degree or higher in early childhood education or a related field.

Oversight Benchmark 5: Posting Inspection Reports

Online inspection and complaint reports are available to parents on the Internet

In the United States, a basic premise is that parents are responsible for choosing child care that best suits their family's needs and values.

For parents to make informed choices about the best care for their children, they need access to information.

One of the key sources of information about the health, safety and quality of individual child care programs is the licensing reports that result from routine inspections and inspections conducted in response to complaints.

When parents do not have access to these reports, they have no way of knowing whether a program is in compliance with state requirements.

Posting inspection reports on the Internet is important to ensure that parents have access to relevant information to help them make the best child care choices possible.

Research from *Florida* showed benefits of posting inspection and complaint reports online in a user-friendly and easily accessible format:⁶³

- Programs were inspected more frequently.
- Inspectors were more likely to provide more nuanced reviews of programs.
- The quality of child care, especially care received by children from families earning low incomes increased after inspection reports were made available on the Internet.

When states do not make the information available or when parents must visit licensing offices or wait for written responses to inquiries about specific programs, they do not have easy access to information essential to making an informed decision about child care settings. The result is that

some parents unknowingly put their children in unsafe and unhealthy situations.

State Policies

Publicity about tragic accidents in child care and recent changes in technology has resulted in more states making inspection findings available to parents on the Internet.

Currently about half of the states make inspection reports and complaint reports easily available to parents.

- Twenty-four states have inspection reports online.
- Twenty-five states have complaint reports online.

NACCRRRA expects to see more progress in coming years as states continue to develop their data systems and Web capabilities.

The following table has information about the number of states that post information about licensing reports and complaints online.

Online Inspection and Complaint Reports By Number of States	
Report	Number of States
Inspection Reports	24
Complaint Reports	25

* DoD does not offer reports online.
NOTE: Eight states do not require licensing for small family child care home providers.

NACCRRRA recommends states:

- Ensure transparency in licensing by allowing parents to access inspection reports on the Internet.
- Share suspension and violation information with Child Care Resource and Referral agencies so that agencies do not make referrals to programs that may be unsafe.